Case 3:20-cv-05327-RJB-JRC Document 1 Filed 04/06/20 Page 1 of 130

Rev. 3/19

EMERGENCY

UNITED STATES DISTRICT COURT WESTERN DISTRICT OF WASHINGTON

WENDELL M. ARMSTEAD JR - ET A L.
Plaintiff's full name and prisoner number

Plaintiff,

v.

Ronald Haynes

Dan Van Ogle

See Alached Sheets"
Defendant's/defendants' full name(s)

Defendant(s).

(If you cannot fit all of the defendants' names in the space provided, please write "see attached" in the space above and attach additional sheets of paper, as necessary, with the full list of names. The names listed here must be identical to those in Section II. Do not include addresses here. Individuals whose names are not included in this section will not be considered defendants in this action.)

Case No. 3:20-cv-05327-RJB-JRC (leave blank – for court staff only)

EMERGENCY PRISONER CIVIL RIGHTS COMPLAINT

Jury Demand?

□ Yes

 \square No

WARNINGS

- 1. Do not use this form if you are challenging the validity of your criminal conviction or your criminal sentence. If you are challenging your conviction or sentence, or if you are seeking restoration of good-time credits that would shorten your sentence, you must file a Petition for Writ of Habeas Corpus. If you use this form to challenge your conviction or sentence, you risk having your claim dismissed. Separate forms are available for filing a habeas petition.
- 2. Under the Prison Litigation Reform Act ("PLRA"), you are required to exhaust all remedies in your institution's grievance system that are available to you before filing suit. This generally means that you must file a grievance and, if it is denied, appeal it through all available levels of review. Your case may be dismissed if you fail to exhaust administrative remedies, unless the administrative grievance process was not "available" to you within the meaning of the PLRA. You are not required to plead or show that you have exhausted your claim in this complaint.

- 3. Please review your complaint carefully before filing. If your case is dismissed, it may affect your ability to file future civil actions while incarcerated without prepaying the full filing fee. Under the PLRA, a prisoner who has had three or more civil actions or appeals dismissed as frivolous, malicious, or for failure to state a claim cannot file a new action without first paying the full filing fee, unless the prisoner is in imminent danger of serious bodily injury.
- 4. Under Federal Rule of Civil Procedure 5.2, papers filed with the court, including exhibits or attachments to a complaint, <u>may not</u> contain certain information, which must be modified as follows:

)(not include:	Instead, use:
•	a full social security number	→ the last four digits
,	a full birth date	→ the birth year
,	the full name of a minor	→ the minor's initials
,	a complete financial account number	→ the last four digits

5. You may, but do not need to, send exhibits, affidavits, grievances, witness statements, or any other materials to the Clerk's Office with this complaint. Any documents you submit *must* relate directly to the claims you raise in this lawsuit. They will become part of the court record and will not be returned to you.

I. PLAINTIFF INFORMATION	•
Armstend Wendell M. Name (Last, First, MI)	Aliases/Former Names
<u>864539</u> Prisoner ID #	
Stafford Creek Correction Center Place of Detention	
191 Constantine Way Institutional Address	
Aberdeen Washington	98520
County, City State	Zip Code
Indicate your status:	
☐ Pretrial detainee ☐ ☐ Civilly committed detainee ☐ ☐ Immigration detainee	Convicted and sentenced state prisoner Convicted and sentenced federal prisoner

ATTACHMENT PLAINTIFF & FULL NAME AND PRISONER DOLNUMBERS

Bobby D. Colbert #879561 Lewis SouthARD # 342426 Tommie Slack # 282904 WilFord Armsterd # 629944 KARREM A. BABBS # 420365 Juwan M. William # 401243 JESUS D. Montaño #407216 Cheistian Gibson # 402153 HyAn Morgan # 864802 Luis Farias # 787477 William Ward # 350114 Bryan Storer # 416168 Roger Spike-Like #309677 TRAVIS Engelen #376445 Justin T. Dull #377090 Tyler R. Bashaw #402023 HEARY CAStillo # 411989 Marlon Burns # 728947 Adam Reynolds # 409176 Antyone Oferinola # 421544 Channing Uchendu #378722 Joshua Jones #313497 JAMES LEWIS # 917662 Lowell Lowe # 855988 Asten Hieger # 42118 Michael Stevenson # 3786666 Jason M. Giles # 793670 Tylor J. Sanchez #421535 Scott CARHER # 366340 JASON B. Tiffin #740259. Kyntrel Jackson # 355949 (Sinister Daevayasnaham God)

Wendell Clouse 3:20-cv-05327-RJB-JRC Document 1 Filed 04/06/20 Page 5 of 130 Dustin Guilders # 419489 CARlos JAMES McDougall # 404168 Arthur Mckinnen #809400 Devin Gagon #413357 Lee Reedy # 406170 Andy Heeb # 472937 Tory Randazzo#836944 Lennie Woods # 400407 Jose Williams # 412984 JARROD L. JONES #317498 Daryl Rogers # 412163 TERREIL L. Wilson #810623 David D. Lewis # 789870 Adams-Kinned, Kennn # 380504 Anthony Davis # 259315 Senn Stevenson # 930936 Eric LiHIE # 755738 PAULT. Makosky # 896293 Knilebh Hallock #416067 MARCO SANTIAGO # 896177 Jose Lopez #411726 Morex Coonrod # 839750 GARY Noble # 975705 Steve Spendeman # 297346 Jerrod Johnson # 368823 Donald Galbert # 901522 Mathew L. Mittelstreat # 791223 Tyson J. Householder #883366 Timothy Hamness # 865630 PAUL Tita # 400 402 Thomas Pleasant# 936385 Robert Wentz # 795579

CHARREH Konse 3020 cv-05328-R3B-JRC Document 1 Filed 04/06/20 Page 6 of 130 Ryan Ward # 359091 JEREMEY BRYCE # 402614 TRAVIS AUIT #309017 5Eth LLoyd # 897158 DAVID Morge # 852889 LEEROY RAMIREZ # 401913 Bobby Mehntley # 404251 Trammyne Read # 829485 Tujuan Henry # 896610 Colf Borgsson # 366756 Stephen Reichow # 399068 Skeve Richardson# 719447 Eddy URA # 408977 Michael W. Tarbert # 937380 Jeffrey Thomas# ISHIAh Summers #368847 John C. Mower Jr #856447 Casey Woodson #249596 Peter James CARR. # 357101 lony King # Kasey Chapin # 358324 Alexzander THENSEY # 420890 JERRED Johnson #368823 Marshall Lewis # 341910 Cobbe Weston # 326775 Alex Acebedo, Medrano # Wolid Mohamned # 366376 Christopher Brown # 378820 Daniel Marter # 336297

Connor Blooms # 2012/627-RJB-JRC Document 1 Filed 04/06/20 Page 7 of 130
Monty Burnum # 979665
Robert May # 416904
Tory Randazzo # 836944
Marc Larson # 858488
Devin Gagon # 413357
Clarence A Diaz # 730942
Chris Braun # 378020
John Bell # 727080
Kenneth Leuluaialii # 990551
Michael Trevino # 908856
Luis Farias # 787477

Bobby Lyons # 286193

Scott Casimive # 400841 Case 3:20-cv-05327-RJB-JRC Document 1 Filed 04/06/20 Page 8 of 130 Jason Hill Strom # 351344 Anthony Hauck # 414864 Tylor SAnchez # 421935 Terrell Fox # 367610 Mathew Walker # 347489 SEH LLOYD # 892158 Andreson Xnvier # 367961 Michael Pella # 628369 GERALD MATIER # 365904 David RicARdez # 368177 Gerald Matler # 365904 Michael Pella # 628359 Mosley, Nathaniel #349183 Estoton Sampson # 409613 Randy Ellis # 3332813 Brandon Jewell # 341160

Brandon Jewell # 34116\$
Shawn Delacuz # 376117
Jesus Montano # 4\$\pi\$736
Caesar Larios - Vargas # 379739
Shyler Zimmerle # 386249
Robelio Rodriguez # 345218
Jeff Anderson #881883
(All other SCCC Similar Situatiated individuals)

II. DEFENDANT INFORMATION

Please list the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint. Make sure that the defendant(s) listed below are identical to those contained in the caption on the first page of the complaint. Attach additional sheets of paper as necessary.

Defendant 1:	Haynes, Ronald Name (Last, First)	
	Superintendent Current Job Title	
	191 Constantine Way Current Work Address	
•	Abendeen, Washington County, City State	9852 % Zip Code
Defendant 2:	Van Ogle, Dan Name (Last, First)	
	Associate Superintenden of Op Current Job Title	
	191 Constantine Way Current Work Address	
	Aberdeen, Washington County, City State	9852Ø
Defendant 3:	Penrose, Ginn Name (Last, First)	Zip Code
	Associate Superintendent Current Job Title	
	191 Constanting Way Current Work Address	
	Aberdeen, Washington	98520
	County, City () State	Zip Code

ATTACHMENT DEFENDANT'S FULL NAME(S)

GinA Penrose Stephen Sinclair Scott J. Russell Julie Martin Robert Herzog Ron Herrington Jodi Wayman t. Howard Sgt. Sgt. Cardin

Kendra Wakefield

Dennis Cherry

James Jolly

Annice Mizin

Chris Grubb

TEASHA Bundy SMZ PARRIS

HSMZ

Stephanie Baltzell

Dennis DATHAME

Stacia Quinn Matthews

III. STATEMENT OF CLAIM(S)

In this section, you must explain what you believe each defendant did to violate your civil rights, and if you know, identify the federal statutory or constitutional right you believe was violated.

If you believe the defendant(s) violated your civil rights in more than one way, explain each violation under a different count. For example, if you believe you received constitutionally inadequate medical care and your religious rights were substantially burdened, include one claim under "Count I" (i.e., medical) and the other claim under "Count II" (i.e., religion).

Number your paragraphs. For example, in Count I, paragraphs should be numbered 1.1, 1.2, 1.3, etc., and in Count II, paragraphs should be numbered 2.1, 2.2, 2.3, etc. The first two paragraphs of each Count have been numbered for you.

If you have more than three counts, attach additional pages and follow the same format for each count.

If you attach documents to support the facts of your claim(s), you must specify which portion of the document(s) (i.e., page and paragraph) you are relying on to support the specific fact(s) of your claim(s). If you do not specify the portion of the supporting document(s), the Court may disregard your document(s).

COUNT I

Id	entify	the	first	right	you	believe	was	violate	d and	l by	whom:
----	--------	-----	-------	-------	-----	---------	-----	---------	-------	------	-------

identify the first right you believe was violated and by whom;
1.1 (See Attachment)
State the <u>facts</u> of your first claim below. Include all the facts you consider important. Be specific about dates, times, locations, and the names of the people involved. Describe exactly what each specific defendant did or failed to do that caused you injury or violated your rights, and include any other facts that show why you believe what happened was wrong. If you need additional space, you may attach extra sheets.
1.2 (See Attached)

Pursuant to 42 U.S.C. & 1983. This class Action, is being filed as An emergency due to the continuing growth Rates of Covid-19 infections and deaths in the State of Washington.

Here At Stafford Creek Correction Center (S.C.C.C.), the employees refuse to take REASONABLE MEASURES for stopping the sprend of Covid-19, but has actually continued to place inmates at (SCCC) in danger by forcing the individuals with Covid-19 symptoms to be placed in Gr-Unit population where the quarantine/isolation inmates share the same shower, phones, and jpay systems, which exposes Gr-Unit inmates to this highly infectious disease, unknownly.

(SCCC) START have refused to provide Grunit inmates with gloves, masks, bleach And or any proper cleaning supplies to prevent the Covid-19 virus from spreading, As required from the posting on the Washington Department of Correction (WA.DOC) Website. The defendants is directly violating All (S.C.C.) inmates Eighth Amendment Rights by extremly depriving adequate medical care, treatment and the prevention of cruel and unusual punishment of haresh conditions of confinement as well as failing to protect all'immates from a known substantial risk of deadly harm of a contagious disease. (s.c.c.) continuance with this deprivation violates (s.c.c.) inmates 14th Amendment Right to Fair due process.

Therefore, the fact that (WADOC) continues to post on their website that they are following All the State and Federal Rules on the Covid-19 virus, but lying and showing deliberate indifference and negligance by those lies to avoid negative press on their treatment of (SCC) immates. (See Attachment 4 and 7).

II. CLAIMS

- (S.C.C.C's) unconstitutional acts of the following policies and practices:
- (1) Creation of "lengthy and dangerous delays in receiving" care and "outright denials of realth care.
- (2) failure to provide inmates with timely emergency treatment;
 (3) failure to provide necessary medication and medical devices to inmates;
 (4) A practice of employing insufficient health care staff;
- (6) failure to provide immates with care for chronic diseases and protection from the
- (6) housing transfer inmates from the streets and other inmates from other prison in G-Unit population;
- (7) Denying All (S.C.C.C) inmates to be tested for the Covid-19 virus, to have positive conformations rather than just housing inmates with Covid-19 symtoms with the population;

- (8) Denying inmates proper prevent supplies (masks gloves blench, and sanitation products) in order to prevent spreading of the Covid may and to uncontaminate of the items used by the Covid-19 quartine inmates;
- (9) Refusing to Allow All inmertes to send out funds as regded

 ZOD. OOD (11)(B) to help family and friends for essential support during this Calobal Pandic;
- (10) Continuing to transfer inmates and; (11) Posting false information on the (WADOC) website saying that they are providing all of the above information, but not following any of that information.

III. STATEMENTS OF FACTS

(S.C.C.C) has a total of 8 living units, (G-unit, H1 unit, H2 unit, H3 unit, H4 unit, H5 unit, H6 unit, and F-unit. As stated above, All inmates housed in these units have All been denied any proper covid-19 provention supplies, which is a direct violation of every inmate Eighth Amendment and Fourteenth Amendment Rights.

To be more direct, at (SCCC) Grunit where both population and quarantine/ isolation inmates are being housed together have requested to be tested for Covid-19 virus, but are being denied by (SCCC) medical Staff Ronald Herrington, K. Parris, Rency Helberg, and Jodi Wayman claiming they were not testing individuals without. Covid-19 virus syntoms. Although multiple immates have express to medical staff that they have had the syntoms. (See Attachment 1)

(S.C.C.) inmates have filed emergency grievances on this issue to also be denied by the grievance coordinator Denni's Dahne and Lieutenant Yardly which violates inmates First Amendment right to petition the government through grievance and our Eighth Amendment right to a Adequate medical care and treatment. (see Attachment 2).

Inmates at (SCC) have all been denied and gloves, Respirator masks, bleach, to clean our cells, and or proper prevention Equipment by our C.U.S's for the individual units they supervise and or control. (G-unit C.U.S James Jolly), (H1C.U.S Dennis Cherry), (H2C.U.S. Kendra Wakefield), (H3C.U.S Stefanic Baltzell), (H4C.U.S. Chris Grubb), (H5C.U.S. Kendra Wakefield), (H3C.U.S Stefanic Baltzell).

As of April 3rd, 2020 the (WADOC) HEADQUARTERS has approved respirator masks for only (SCCC) staff. Therefore, Julie Marktin, Robert Herzog, and Stephen Sinciair Knew the seriousness of this deadly virus, but still deprived (SCCC) staff for months and still to this day, they are depriving inmates of their rights, which is a direct violation of the Eighth and 14th Amendmend right. (See attachment 4).

(SCCC) in nonder 3:24-cheods 2 manageme y Doprinant a CEII about 100 de Prophets Front of we are denied on the fact that our request for (PPE's), because of this cleadly virus is non-emergency by Jami'c Newton. (see Attachment 3).

Inmates at (SECC) have also grieved the fact that we are recieving contaminated food which places immates at further risk, due to there being no dishwasher and black mold throughout the kitchen. With both the Covid-19 virus and black mold becomes even more deadly which creates hash conclitions of continement, because inmates at (SCCC) are force to stay in this contaminated environment. This is a direct violation of immates Eight and Foweteenth Amendment rights, (SCCC) immates has also written grievances about this issue and was told by the grievance coordinator Dennis Dahane that this is deemed non-emergency. See Atlach 8).

The Above information is very concerning because (HQ) stephen Sinclair, Scott Russell, Robert Herzog, and (SCCC) Ronald Haynes, Dam Van Ogle and Gina Penrose, are still denying (SCCC) inmates prevention gear and cleaning supplies. These individuals are continuing to allow inmates to be transfer from facility to facility and housed with quarrantine population. This is directly contrast to (WADOC) website posting which is not helping prevent the Virus spreading and or social distinacing. (Attachment 5). This is also a direct violation of Eighth Amendent reights to have safe coniditions of confinement.

(SCCC) has a reasonable Isolation unit to house immates that are quarantine, but refuses to use it. (see Attachment (e) This unit is control by Ronald Haynes, Stefanie Baltzell, and Dan Van Ogle. This clearly is causing an unsafe environment at (SCCC) for the Staff and inmate population, which violates all the excutive orders by the WA State Governer. (see Attachment 7).

Inmates at (SCC) have been attempting to resolve these issues at the tier rep meeting, but or told by all (SCC) staff member there is today have that some of the sanitation supplies would be provided, and still as of today have not been provided. (see attachment 3). The defendant's knew we were not being provided have essential prevention supplies, which directly violates immates Eighth threadment these essential prevention supplies, which directly violates immates Eighth threadment rights to safe conditions of confinement, yet the detendant's choose to act in deliberte rights to safe conditions of confinement, yet the detendant's choose to act in deliberte rights to safe conditions of deprive us of these Covid-19 prevention items is also in difference by continuing to deprive us of these Covid-19 is a deadly view that in violation of the Fourteenth Amendment. This Covid-19 is a deadly view that continues to spread across the world and effect millions. (Attachment 10).

As to immates At (SCC) our live ARE in immediate danger due to the extreme risk, of the Covid-19 virus plus the black mold at (SCC), by the above defendants failure to provide humane conditions of confinement, rensure that immates receive adequate medical care, and must take reasonable measures to guarantee the safety of the immates, medical care, and must take reasonable measures to guarantee the safety of the immates. Also during this Global pandamic (SCCC) immates have attempted to resolve this by requesting to have savings sent to family and friends for essential support, which has not happen to have savings sent to family and friends for essential support, which has not happen

At this time. It has been four weeks to clark of that & Case 3:20-cv-05327-RJB-JRC Document 1 Allew 04/06/20 Page 16 of 130 tes have requested have our money sent to tamily and triends, and or being told by &CCC) banking that they are being process. This is a direct violation of (SCCC) inmates First, Eighth and Fourteenth Amendment rights.

ATTACHMENT 1



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SU	BMISSION OF HEALTH		T MAY RESULT IN	A CO-PAY
LAST NAME LOWIS		FIRST NA	<i>i</i>		
DOC NUMBER	FACILITY Sccc	UNIT/CELL	DATE	TIME	
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TYPE OF REQUEST (ch			☐ MENTAL HE	:ΔΙΤΗ	
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OPTOMETRY	☐ OTHE		CIII		
REASON FOR REQUES				, .	
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			PATIENT SI	GNATURE	
This form must be file	d if any information is	ERVICES RESPONSE entered below except for:	simple prescription re	fills, finance, non-m	edical
work	/bunk change, religiou	s diets, shoes, classificat	ion, non-nealth service	35 158UGS	
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4.			·		
RESPONDER signature and s	stamp (all copies)	DATE and	IME		
	Distribution: Wh	IITE/YELLOW - Responder	, PINK – Patient keeps		

Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBI	MISSION OF HEALTH FIRST NA	SERVICES REQUEST	WAYKEOULINAC
Oras		Folly	
DOC NUMBER 8977 FACILITY	UNIT/CELL	DATE 3/30/2	ZO TIME
	GRAM HOURS	DAYS OFF	
If you feel you have an actual medi		rt the staff and do no	ot use this form.
TYPE OF REQUEST (check only one box per	r form)	••	
MEDICAL DENTAL		☐ MENTAL HEA	ALTH
MEDICATION REFILL – List medication(s)	with prescription nur	nber(s) or place sticke	er below
☐ OPTOMETRY ☐ OTHER:			
REASON FOR REQUEST (list problem or me	dications needing	refill)	
I would like to be	rested to	or louid-19	9 Diea St
and thanks	· · · · · · · · · · · · · · · · · · ·		
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HEALTH SER	RVICES RESPONSE	ØFFENDER SIG	NATURE
This form must be filed if any information is ent	ered below except for:	simple prescription refill	
work/bunk change, religious d	iluyeti 17.45 ether jaralaguna telali 1946		
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RESPONDER signature and stamp (all copies)	DATE and TI	ME	

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

KITES





This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUE	SINISSION OF	HEALTH SER	VICES I	VEROF I INV	AT RESUL	I IN A CO-	
LAST NAME			FIRST NAME					
GLDEUS DOC NUMBER	FACILITY	UNIT/CELL	Dusmy	DATE		TIME	TIME	
	SCCC	GA-CIH	*		RZSZS	101		
JOB/PROGRAM		OGRÁM HOUR	3 .		DAYS OFF		4.0	
NIA								
If you feel you ha	ve an actual med	lical emerge	ncy, alert the	staff a	and do not u	ise this fo	orm.	
TYPE OF REQUEST (check	conly one box pe	er form)						
	☐ DENTA	L] MEN	ITAL HEALT	Ή		
☐ MEDICATION REFILL –	List medication(s)) with prescri	ption number(s) or pl	ace sticker b	elow		
OPTOMETRY	☐ OTHER	· · ·	`	,				
REASON FOR REQUEST (I			ooding rofill)	\				
	<i>i</i>				. 0 .	(; t.	. 6	
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in the unit.								
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	HEALTH SEI	RVICES RES	SPONSE/ENC		ENDER SIGNA	TURE		
This form must be filed if a	ny information is en	tered below e	SPONSE/ENC xcept for: simple	OUNT	ER iption refills, fi	nance, non	ı-medical	
work/bun	ny information is en k change, religious c	itered below e diets, shoes, c	xcept for: simple lassification, no	OUNT e prescr on-health	ER iption refills, fi n services issu	nance, non les		
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RESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

LAST NAME A	<u>IBMISSION OF HEALTH SERVIÇES REQUEST MAY RESULT IN A CO-</u>
Lhairn	FIRST NAME CG SCC
DOC NUMBER 5 3 4 FACILITY	UNIT/CELL 6328L DATE 4/3/20 TIME
JOB/PROGRAM / JOB/PR	ROGRAM HOURS (700 - 1330) DAYS OFF
TANK Y	dical emergency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box p	
MEDICAL DENTA	AL MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s	s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER	R:
REASON FOR REQUEST (list problem or many for COVI) - 19	pleases
	- 10
	PATIENT SIGNATURE
This form must be filed if any information is er	ERVICES RESPONSE/ENCOUNTER ntered below except for: simple prescription refills, finance, non-medical diets, shoes, classification, non-health services issues
☐ Schedule within days/weeks/months	☐ Next available sick call ☐ No visit required
	,
RESPONDER signature and stamp (all copies)	DATE and TIME



Corrections
WASHINGTON STATE

This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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DOC NUMBER (17) (QC) FACILITY (1)	DATE (+3.702) TIME
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TYPE OF REQUEST (check only one box per for	
MEDICAL DENTAL	MENTAL HEALTH
MEDICATION REFILL – List medication(s) with	prescription number(s) or place sticker below
OPTOMETRY OTHER:	
REASON FOR REQUEST (list problem or medica	and the same of th
I would like to be	tested for covid-19 as I
am in Grunit and th	here are people in quaranti
Thank you.	, , , ,
- 17	
	ally Husey
HEALTH SERVIC	PATIEM SIGNATURE ES RESPONSE/ENCOUNTER
	below except for: simple prescription refills, finance, non-medical shoes, classification, non-health services issues
Schedule within days/weeks/months	Next available sick call No visit required
)
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·	
RESPONDER signature and stamp (all copies)	DATE and TIME
RESPONDER signature and stamp (all copies)	DATE and TIME





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT LAST NAME		FIRST	H SERVICES REG IAME		
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DOC NUMBER	FACILITY	UNIT/CELL	DATE		TIME
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☐ MEDICAL	☐ DENTAL			L HEALTH	
☐ MEDICATION REFIL	L – List medication(s)	with prescription nu	ımber(s) or place	sticker belov	N
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

TIME DOC NUMBER FACILITY JOB/PROGRAM JOB/PROGRAM HOURS DAYS OFF If you feel you have an actual medical emergency, alert the staff and do not use this form. TYPE OF REQUEST (check only one box per form) MEDICAL DENTAL MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below OPTOMETRY OTHER: REASON FOR REQUEST (list problem or medications needing refill) (In I gad had a list problem or medications needing refill) HEALTH SERVICES RESPONSE/ENCOUNTER This form must be filed if any information is entered below except for simple prescription refils, finance, non-medical work/bunk change, religious delts, shoes, classification, non-health services issues Schedule within days/weeks/months Naxt available sick call No visit required RESPONDER signature and stamp (all copies) DATE and TIME	LAST NAME										RESULT II	
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Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY
LAST NAME JOH 1507 FIRST NAME JELLOS
DOC NUMBER 3(88) 3 FACILITY UNIT/CELL GO B 26 L DATE 4-3-20. TIME
JOB/PROGRAM HOURS DAYS OFF
If you feel you have an actual medical emergency, alert the staff and do not use this form.
TYPE∕OF REQUEST (check only one box per form)
☐ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH
MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER:
REASON FOR REQUEST (list problem or medications needing refill)
I Would like to be lested covid-19 Because I
Was on G WAIT & Several STAFF & employees
OF DOC Were Coughing & 1266:09 leaky eyes, 1600
Patting medown in Front of & Diving with some
gloves Patter Dans over 200, Amates without
changing this is a Violatical of Covid-19 Protoc
* Social Distancing
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work/bunk change, religious diets, shoes, classification, non-health services issues Schedule within days/weeks/months Next available sick call No visit required
3 Schedule Within uays/weeks/months 1 Next available Sick Call 1 No visit required
RESPONDER signature and stamp (all copies) DATE and TIME
DATE and TIME

Distribution: WHITE/YELLOW - Responder, PINK - Patient keeps Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response





This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

	MISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A
LAST NAME Flegger	FIRST NAME
DOC NUMBER FACILITY	UNIT/CELL DATE TIME
471118 SCCC JOB/PROGRAM JOB/PROG	G/CO9 3/30/20 V:45 GRAM HOURS DAYS OFF
JOB/I NOC	DATO OF T
If you feel you have an actual medic	al emergency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box per	form)
MEDICAL □ DENTAL	☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) v	vith prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER:	
REASON FOR REQUEST (list problem or me	dications needing refill)
I was diagnosed with M	ionic Blondhidious at a uprna cae,
	or tested for could-19.
	Litta Venna
	OFFENDER SIGNATURE
	VICES RESPONSE/ENCOUNTER
	red below except for: simple prescription refills, finance, non-medients, shoes, classification, non-health services issues
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIP

Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps
Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBMISSIO	N OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY
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DOC NUMBER / / / / / S FACILITY SLCC UNIT/	CELLGC-10 DATE 3/30/10 TIME
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If you feel you have an actual medical em	nergency, alert the staff and do not use this form.
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☐ OPTOMETRY ☐ OTHER:	
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	oes, classification, non-health services issues
Schedule withindays/weeks/months	Next available sick call No visit required
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RESPONDER signature and stamp (all copies)	DATE and TIME
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PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: **WHITE/YELLOW** – Responder, **PINK** – Offender keeps
Distribution upon completion: **WHITE** – Health Record, **YELLOW** – Return to Offender with Response





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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JOB/PROGRAM		B/PROGRAM HOU	IRS	1 3	DAYS OFF	
If you feel	you have an actual r	medical emerg	gency, alert t	the staff a	and do not us	e this form.
TYPE OF REQUEST	check only one bo	x per form)				
MEDICAL	☐ DEN	NTAL		☐ MEN	ITAL HEALTH	ł
MEDICATION RE	EFILL – List medicatio	on(s) with preso	cription numb	er(s) or pl	ace sticker be	low
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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☑ MEDICAL	☐ DENTA	AL.] MENTAL HE	ALTH	
☐ MEDICATION REI	FILL – List medication(s	s) with prescripti	on number(s	s) or place stic	ker below	
☐ OPTOMETRY	☐ OTHER	R:				
REASON FOR REQU	EST (list problem or n	nedications ne	eding refill)			
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MEDICAL DEFILE		•			
MEDICATION REFILL			umber(s) or pr	ace sticker be	NOW
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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DOC NUMBER C	FACILIT	ξ \$ε(ε	UNIT/CELL	GC-27	DATE	3/30/2	6	TIME
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OPTOMETRY		OTHER:						
REASON FOR REC	QUEST (list pro	blem or me	dications	needing ref	ill)		1 /	
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Distribution upon completion: WHITE – Health Record, YELLOW – Return to Patient with Response





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	S	UBMISSION OF HEALTH		ST MAT NESOLT IN A
LAST NAME		FIRST NA	ME	
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DOC NUMBER	FACILITY	UNIT/CELL 🔌	DATE	TIME
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JOB/PROGRAM	JOB/F	PROGRAM HOURS	ĎAYS G)FF
If you feel you	ı have an actual m	edical emergency, ale	rt the staff and do	not use this form.
TYPE OF REQUEST (ch	neck only one box	per form)		
MEDICAL	☐ DENT	ΓAL	☐ MENTAL H	IEALTH
☐ MEDICATION REFIL	L – List medication	(s) with prescription nur	nber(s) or place sti	cker below
OPTOMETRY	☐ OTHE	ER:		
REASON FOR REQUES	ST (list problem or	medications needing	refill)	
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Distribution upon completion: WHITE Health Record, YELLOW - Return to Patient with Response





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LAST NAME			-INO I NAIVIE	ERIC	····	
DOC NUMBER	S FACILITY	UNIT/CELL		DATE	-20 TIME	:4
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If you feel	you have an actual me			staff and do	not use this fo	orm.
TYPE OF REQUEST	(check only one box p	er form)				
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☐ MEDICATION RE	EFILL – List medication(s	s) with prescri	otion number	s) or place st	icker below	
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☐ MEDICATION REFIL	L – List medication(s) v	vith prescription num	ber(s) or place sti	cker belov	٧
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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DOC NUMBER	FACILITY UNIT/C	ELL (-)() - ()	DATE 3-30-6	TIME 8:45
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	have an actual medical eme	ergency, alert th		9 Z.F
TYPE OF REQUEST (che	eck only one box per form)			
☐ MEDICAL	☐ DENTAL		☐ MENTAL HEAL	.TH
☐ MEDICATION REFILL	_ – List medication(s) with pre	scription numbe	er(s) or place sticker	below
☐ OPTOMETRY	OTHER:			
I would like	T (list problem or medication to get tested) Thanks			Rus Soon
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	HEALTH SERVICES	A JA	PATIENT SIGNA	TURE
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Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUBMIS		ERVICES REQUEST MAY	RESULT IN A CO-PAY
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DOC NUMBER		NIT/CELL	DATE	TIME
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	ou have an actual medical	emergency, alert t	he staff and do not us	e this form.
TYPE OF REQUEST	(check only one box per fo	rm)		
MEDICAL	☐ DENTAL		☐ MENTAL HEALTH	
☐ MEDICATION RE	FILL – List medication(s) with	n prescription numb	er(s) or place sticker be	low
☐ OPTOMETRY	☑ OTHER:	· · · · · · · · · · · · · · · · · · ·		
REASON FOR REQU	JEST (list problem or medic	ations needing ref	fill)	
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Schedule within	days/weeks/months	Next available	sick call []	No visit required
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RESPONDER signature ar	nd stamp (all copies)	DATE and TIME		
	Distribution: WHITE/VEI			

Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

_PLEASE PRINT	SUBMISSI	ON OF HEALTH SERVICES	REQUEST MAY	RESULT IN A CO-
LAST NAME		FIRST NAME		
DOC NUMBER	FACILITY UNI	/CELL DATE	Married Marrie	TIME
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If you feel you ha	ave an actual medical e	nergency, alert the staf	and do not use	this form.
TYPE OF REQUEST (chec	k only one box per form)		
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OPTOMETRY	OTHER:	, , , ,		
REASON FOR REQUEST	· · · · · · · · · · · · · · · · · · ·	ions needing refill		
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work/bur	nk change, religious diets, s	noes, classification, non-hea	th services issues	
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RESPONDER signature and stamp	o (all copies)	DATE and TIME		
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	Distribution WHITE/VELL	W – Responder, PINK – Patier	t keens	

Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBMISSION	ON OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY
LAST NAME TILTIN	FIRST NAME SASON
DOC NUMBER A FACILITY UNIT.	CELL DATE TIME
740257 SCCC	13/1-12 3-2-1/- 220 HOURS DAYS OFF
JOB/PROGRAM JOB/PROGRAM	HOURS DATS OFF
If you feel you have an actual medical en	nergency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box per form	n)
	☐ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with p	rescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER:	
REASON FOR REQUEST (list problem or medicat	ions needing refill)
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HEALTH SERVICE	PATIENT SIGNATURE S RESPONSE/ENCOUNTER
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	☐ Next available sick call ☐ No visit required
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RESPONDER signature and stamp (all copies)	DATE and TIME
	OW – Responder, PINK – Patient keeps alth Record, YELLOW – Return to Patient with Response



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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LAST NAME TIFFIN	FIRST NAME	Medal	
DOC NUMBER FACILITY	UNIT/CELL	DATE 2 3 7820 TIME	=
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TYPE OF REQUEST (check only one box pe	er form)	and the second of the second of the second	i Militain madi
☑ MEDICAL ☐ DENTA		☐ MENTAL HEALTH	
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☐ OPTOMETRY ☐ OTHER	1. V.		
REASON FOR REQUEST (list problem or m	edications needing refil	1)	
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Cays/weeks/months	IINGXLAVAIIADIG S	oich cail.	equilec
RESPONDER signature and stamp (all copies)	DATE and TIME		

Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Case 3:20-cv-05327-RJB-JRC Document 1 Filed 04/06/20 Page 44 of 130



HEALTH SERVICES KITE

This form must be used to request hon-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	2	SUBMISSION OF HEALT	TH SERVICE	S REQUEST MAY	RESULT IN A CO-PA
LAST NAME		FIRST	NAME	s'	
Jackson			rred	<u>'</u>	
DOC NUMBER	FACILITY	UNIT/CELL 🕠	DATI		TIME
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JOB/PROGRAM	• ,	JOB/PROGRAM HOURS		DAYS OFF	·
If you feel yo	u have an act	ual medical emergency, a	lert the stat	f and do not us	se this form.
TYPE OF REQUEST (c	heck only one	e box per form)		•	4
MEDICAL	, 	DENTAL	□М	ENTAL HEALTH	l ,
☐ MEDICATION REF	ILL – List medi	cation(s) with prescription n	umber(s) or	place sticker be	low
OPTOMETRY		OTHER:			
REASON FOR REQUE	ST (list proble	em or medications needin	g refill)		
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT		SUBMISSION OF HEALT	H SERVICES REQUEST	MAY RESULT IN A CO-PAY
LAST NAME DUI		FIRST		
DOC NUMBER	FACILITY	UNIT/CELL	DATE	TIME
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JOB/PROGRAM	**************************************	/PROGRAM HOURS	DAYS OFF	
If you feel	you have an actual n	nedical emergency, al	ert the staff and do no	t üse this form.
TYPE OF REQUEST	(check only one bo	x per form)	Appendix and the second of the	And the second s
MEDICAL	☐ DEN	ITAL	☐ MENTAL HEA	LTH
\sqsupset $\mathring{\mathtt{M}}$ EDICATION RI	EFILL - List medicatio	n(s) with prescription กเ	ımber(s) or place sticke	r below
OPTOMETRY	☐ OTH	IER:		
REASON FOR REQ	UEST (list problem o	r medications needing	g refill)	
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symptom	that covid-	-19 has and	I declared n	redical Emerg
En alright	now but sti	Il want a te	54.	
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Quarenteen	and I co	an see that	these people	are ovarentee
				2 to be in o
celle			ナレンスとうし	
	HEALTH	SERVICES RESPONS	(_/ PATIENT SIGN. E/ENCOUNTER	ATURE
	e filed if any information i	s entered below except for	: simple prescription refills	, finance, non-medical
Schedule within	days/weeks/mont	hs 🗀 Next avail	able sick call	No visit required
We follo	w the c	urrent C	DC Swidel	ines for
isolation	g + gha	rantining	patients,	+ it is
being "	done of	roperly. O		
Ifour	u are a	symptoma	tic, we	are not
Sween	ing for	Corona	Vivils.	
we a	1 Wently	have no	(D) cases	anywhere
at	Sccc. O			
	1		 	ECEIVED
RESPONDER signature a	0117	DATE and TAN, RN3, IPN	11ME 3/21/2	N.3 1350
1' 0'	**************************************	/HITE/YELLOW – Responder	, PINK – Patient keeps	NK-6-7 2020
Dis	tribution upon completion: V	VHITE – Health Record, YELI	.OW - Return to Patient with	Response



Corrections
WASHINGTON STATE
This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

Only those with possible sumptoms are being tested. There are no D Corona cases at SCCC at this time. Unfortunately donating blood is not possible. — We do not have the ability to do that here. RECEIVED	PLEASE PRINT	SUBMISSION O	F HEALTH SERVICE	ES REQUEST MAY RESULT IN A CO-PAY
DOC NUMBER FACILITY UNITICELL DATE 3-24.000 TIME JOBPROGRAM JOBPROGRAM HOURS DAYS OFF If you feel you have an actual medical emergency, alert the staff and do not use this form. TYPE OF REQUEST (check only one box per form) MEDICAL DENTAL MENTAL HEALTH MEDICATION REFILL—List medication(s) with prescription number(s) or place sticked below OPTOMETRY OTHER: REASON FOR REQUEST (list problem or medications needing refill) I WOULD (LETESTER BLOOM AND THE THINK I WAS ARRANGED I WOUNTH AGAINT THINK I WAS ARRANGED I WOUNTH AGAINT THINK I WAS ARRANGED I WOUNTH AGAINT HAVE THE ANT BODIES I WOUND LIVE TO DHERE'S CAN WE GET THIS 2 TIME DR. DAYS ONCE. I TOID AND BEAUTIONS IN BOUNTRY HEALTH SERVICES RESPONSE/ENCOUNTER This form must be filed if any information is entered below except for simple prescription refligh finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues Schedule within days/weeks/months Next available sick call No visit required WE CUVENTLY AYE NOT SUREENING for COYONA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THOSE WITH A POSS INLE SUMM TOTOMA VIVE ONLY THE ABILITY OF THE ABILITY ONLY THE ABIL	LAST NAME		FIRST NAME	ASON
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TYPE OF REQUEST (check only one box per form) MEDICAL				
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MULLAMAN RN3 J. WAYMAN, RNS, IPN 3/2 MAR 20 2020 1350		9 1	ATE and TIME	3/2 MAR 20 2020 1350
Distribution: WHITE/YELLOW – Responder, PINK – Patient keeps Distribution: upon completion: WHITE – Health Record, YELLOW – Return to FOODS HEALTH SETABLES	0.10			· ·



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUB	MISSION OF	HEALTH SER	VICES I	REQUEST MAY RI	ESULT IN A	A CO-PAY
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Distribution: WHITE/YELLOW — Responder, PINK — Patient keeps
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This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

			FIRST NAME		
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JOB/PROGRAM	JOB _i	/PROGŘAM HOU	~S	ĎAYS ØFF	
	ou have an actual n		ency, alert t	he staff and do no	ot use this form.
TYPE OF REQUEST	<u> </u>				
MEDICAL MEDICATION RE	DEN		du p	☐ MENTAL HEA	
☐ MEDICATION RE		• •	ription numbe	er(s) or place sticke	er below
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	TNAME JACKSON		EL
355949	FACILITY SCCC	UNIT/CELL	G C 6U
This form must be file work/bu	ed in the patient's health record	RESPONSE/ENCOUNTER except for: simple prescription es, classification, non-health se	refills, finance, non-medical
TYPE OF RESPONSE			
⊠ MEDICAL	☐ DENTAL	☐ MENTA	AL HEALTH
OPTOMETRY	OTHER:	•	
Schedule within	days/weeks/months	Next available sick call	☐ No visit required
		\	
acvelop symptoms, you	would be evaluated and tr		
Currently we do not have	e any positive cases of Co	rona virus in staff or offen	ders here at SCCC.
Please continue to practi	ice good hand washing an	d social distancing.	
			DATE

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Distribution: ORIGINAL - Health Record COPY - Patient





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

	PLEASE PRINT	SU			RVICES REQUEST I	MAY RESULT IN A C
L	AST NAME			FIRST NAME	FRICE	
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	If you feel you	have an actual me	dical emerger	ncy, alert th	e staff and do not	use this form.
T	TYPE OF REQUEST (che	eck only one box p	per form)		•	
1	MEDICAL	☐ DENT.	AL	. [MENTAL HEAL	.TH
	☐ MEDICATION REFILL	_ – List medication(s) with prescrip	tion number	(s) or place sticker	below
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STATE STATE



Corrections WASHINGTON STATE	TIEAETH OEITAIOEO MILE
This fill and print form is for healthcare staff to initia	ate communication with patients
Patients are to use the 3-part NCR form to commun	nicate with staff.
LAST NAME LITTLE	FIRST NAME ERIC
DOC NUMBER 755738 FACILITY SCCC	UNIT/CELL G C 20L
This form must be filed in the patient's health rec	CES RESPONSE/ENCOUNTER Cord except for: simple prescription refills, finance, non-medical shoes, classification, non-health services issues
TYPE OF RESPONSE	
	☐ MENTAL HEALTH
☐ OPTOMETRY ☐ OTHER:	
Schedule within days/weeks/months	☐ Next available sick call ☐ No visit required
Mr. Little: We are not screening asymptomatic develop symptoms, you would be evaluated and Currently we do not have any positive cases of the Please continue to practice good hand washing	Corona virus in staff or offenders here at SCCC.
•	

DATE
J. Wayman, RN3/IPN

DATE
03/31/2020

Distribution:

ORIGINAL - Health Record

COPY - Patient





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

LAST NAME	SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO
<u>Borge Son</u>	(0) (7
DOG NUMBER FACILITY	UNIT/CELL DATE 3-38-28 TIME
200	B/PROGRAM HOURS DAYS OFF
	medical emergency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box	x per form)
☑ MEDICAL □ DEN	NTAL MENTAL HEALTH
	on(s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTH	HER:
REASON FOR REQUEST (list problem o	or medications needing refill)
Ewould like to Be	tested for COVID-19
I Have asthma	and I could be more susce
to COVED-19	
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	011
	PATIENT SIGNATURE
	SERVICES RESPONSE/ENCOUNTER
This form must be filed if any information is	s entered below except for: simple prescription refills, finance, non-medical bus diets, shoes, classification, non-health services issues
Schedule withindays/weeks/mont	
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- Del	MACREA
RESPONDER signature and stamp (all copies)	RECEIVED



This fill and print form is for	healthcare staff to initiate c	ommunication with patien	ts.	
Patients are to use the 3-pa	ert NCR form to communicate	e with staff.		
LAST NAME BORGESO	N	COLI		
DOC NUMBER 366756	FACILITY SCCC	UNIT/CE	LL GA1U	
This form must be filed work/bu	HEALTH SERVICES d in the patient's health record nk change, religious diets, sho	RESPONSE/ENCOUNTE except for: simple prescriptic es, classification, non-health	n refills, finance, non-medical	
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	□ DENTAL	☐ MEN	TAL HEALTH	
□ OPTOMETRY	OTHER:			
Schedule withinc	lays/weeks/months] Next available sick call	☐ No visit required	
to develop symptoms, yo	u would be evaluated and	treated as needed.	a virus at this time. If you w	ere
Currently we do not have	any positive cases of Cor	ona virus in staff or offe	enders here at SCCC.	
Please continue to practic	ce good hand washing an	d social distancing.		
•		_		
	•			
RESPONDER typed name and sig	gnature \		DATE	

Distribution: ORIGINAL - Health Record COPY - Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

J. Wayman, RN3/IPN

03/31/2020





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom its experience HEAL THP SEER WITHINGTON



WASHINGTON STATE				
	healthcare staff to initiate com		vith patients.	
Patients are to use the 3-pa	art NCR form to communicate v	vith staff.		
LAST NAME DASHANA		FIRST NAME	TYLER	
BASHAW				
DOC NUMBER 402023	FACILITY SCCC		UNIT/CELL G C 31	
This form must be file work/bu	HEALTH SERVICES RE d in the patient's health record exc ink change, religious diets, shoes,	ept for: simple p	prescription refills, finance, non-medical	
TYPE OF RESPONSE				
	☐ DENTAL	[☐ MENTAL HEALTH	
☐ OPTOMETRY	OTHER:			
Schedule within	days/weeks/months	ext available s	sick call No visit required	
Mr. Bashaw : We are not develop symptoms, you v	t screening asymptomatic inc would be evaluated and treate	dividuals for (ed as needed	Corona virus at this time. If you were t	0
Currently we do not have	any positive cases of Coron	a virus in sta	aff or offenders here at SCCC.	
Please continue to practic	ce good hand washing and s	ocial distanci	cing.	

RESPONDER typed name and signature

J. Wayman, RN3/IPN

DATE

03/31/2020

Distribution;

ORIGINAL - Health Record

COPY - Patient





This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

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DOC NUMBER	FAC	ILITY UI	VIT/CELL	DATE		TIME
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JOB/PROGRAM		JOB/PROGRA	AM HOURS		DAYS OFF	
If you	u feel you have a	n actual medical	emergency, ale	ert the staff a	nd do not use	this form.
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State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as gtherwise prohibit disclosure of this information without the specific written consent of the person to whom it pertains the person of the person

Distribution upon completion: WHITE - Health Record, YELLOW - Return to Patient with Response



	healthcare staff to initiate com rt NCR form to communicate v		h patients.	
LAST NAME SLACK		FIRST NAME	TOMMIE	
DOC NUMBER 282904	FACILITY SCCC		UNIT/CELL G	C 23
This form must be filed work/bu	HEALTH SERVICES RE In the patient's health record exc nk change, religious diets, shoes,	ept for: simple p	orescription refills, f	inance, non-medical issues
TYPE OF RESPONSE				
	☐ DENTAL	[☐ MENTAL HEA	ALTH
OPTOMETRY	OTHER:			
Schedule withinc	ays/weeks/months 🔲 N	ext available s	ick call	☐ No visit required
·	any positive cases of Coron			ere at SCCC.
RESPONDER typed name and sig	nature			DATE 03/31/2020

Distribution:

ORIGINAL - Health Record COPY - Patient

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

J. Wayman, RN3/IPN



This form must be used to request non-emergency healthcare services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT	SUBMISSION (OF HFAITH SFR	VICES REQUEST M	AY RESULT IN A CO-P.
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	CILITY UNIT/CEL	# 189	DATE /30/20	TIME
JOB/PROGRAM,	JOB/PROGRAM HOL		DAYS OFF	marks division of
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If you feel you have	an actual medical emerg	gency, alert the	staff and do not	use this form.
TYPE OF REQUEST (check or	ily one box per form)			
MEDICAL	☐ DENTAL		MENTAL HEAL	ГН
☐ MEDICATION REFILL – Lis	t medication(s) with preso	cription number(s) or place sticker l	oelow
☐ OPTOMETRY	OTHER:			
REASON FOR REQUEST (list	problem or medications	s needing refill)	
I would to	, be tested	for the	Covid-19	virus, beca
- have been ADOWNC	1 the T-BABI	ailding w		Aff Ms. John
7/244	k von VERV	,,	۱ ،	1 3
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This form must be filed if any	HEALTH SERVICES RI	ESPONSE/ENC	OUNTER	inance non-medical
work/bunk cl	nange, religious diets, shoes	, classification, no	n-health services iss	ues (/
Schedule within days/v	veeks/months 🗀 🗀 N	Next available si	ck call	No visit required
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Please	see atta	ched.	Marie III III II	·
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DESPONDED signature and starry (-1)	agnica)	DATE and TIME		
RESPONDER signature and stamp (all		DATE and TIME	4/2/20	(0, 082D
Julyman Ru3/ s	copies) WAYMAN, RN3, IPN Distribution: WHITE/YELLOW — completion: WHITE — Health Re	Description DINIZ	Deffections	C 082-D RECEIVED



print form is for healthcare staff to initiate communication with nationts

Patients are to use the 3-p	art NCR form to communica	te with staff.		
LAST NAME ARMSTEA	D	FIRST NAME WE	ENDELL	
DOC NUMBER 867539	FACILITY SCCC	UNI	T/CELL G	A 08
This form must be file work/bu	HEALTH SERVICES ed in the patient's health record unk change, religious diets, sho	RESPONSE/ENCOU except for: simple presc es, classification, non-he	ription refills, f	inance, non-medical issues
TYPE OF RESPONSE				
	☐ DENTAL	□ M	ENTAL HEA	ALTH .
OPTOMETRY	OTHER:			
Schedule within	days/weeks/months] Next available sick c	all	☐ No visit required
to develop symptoms, yo	not screening asymptomat ou would be evaluated and e any positive cases of Coi	treated as needed.		
Please continue to practi	ice good hand washing an	d social distancing.		
RESPONDER typed name and s	ignature			DATE
J. Wayman, RN3/IPN				04/02/2020

Distribution: ORIGINAL - Health Record COPY - Patient



This form must be used to request non-emergency health care services, except in facilities where kiosks or sign-up sheets are used.

PLEASE PRINT SUBMISSION OF HEALTH SERVICES REQUEST MAY RESULT IN A CO-PAY
LAST NAME (2066)
DOC NUMBER (11/16) FACILITY SUCC UNIT/CELLG (-1) DATE 3/3/1/10 TIME
JOB/PROGRAM, JOSK ROUM JOB/PROGRAM HOURS JUPM DAYS OF RI-SAT
If you feel you have an actual medical emergency, alert the staff and do not use this form.
TYPE OF REQUEST (check only one box per form)
■ MEDICAL □ DENTAL □ MENTAL HEALTH
☐ MEDICATION REFILL – List medication(s) with prescription number(s) or place sticker below
☐ OPTOMETRY ☐ OTHER:
REASON FOR REQUEST (list problem or medications needing refill) I WIVE THE TO FILT THE COVED-19 WILLIAM VILLUS
AS I AM ASTHMATIC AND HAVE NOT ESTEN SINCE JULY,
WHICH GIVES MEASE VERELY COMPRINTSEP IMMUNE SYSTEM
ADDITIONALLY I WAS IN THE 1-BUZLOING AROUND INFECTE
STATE (MS. TOHANSON AND MANY DTHEPS) ON 3/14/10, 3/27/10 AND
2/30/20. FURTHER I'M IN G-VALIT A PUR WHERE WHATHER
ISOLATIONS DUE TO COVID-19 INFECTIONS ARE BEING HOUSE
INFECTING THE G-LNIT POPULATION AND ALL OF SCCC. PLEASE
HNV MANUE OFFENDER SIGNATURE
HEALTH SERVICES RESPONSE/ENCOUNTER
This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues
☐ Schedule within days/weeks/months ☐ Next available sick call ☐ No visit required
See attached
RESPONDER signature and stamp (all copies) J. WAYMAN, RN3, IPN DATE and TIME 3-31-30 1230
CPRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORTED OR IN CIPS
Distribution: WHITE/YELLOW – Responder, PINK – Offender keeps Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response

Distribution upon completion: WHITE – Health Record, YELLOW – Return to Offender with Response 2020

State law (RCW 70.02) and/or federal regulations (42 CFR Part 2) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.



	healthcare staff to initiate cor art NCR form to communicate		th patients.
LAST NAME ROGERS		FIRST NAME	DARYL
DOC NUMBER 412163	FACILITY SCCC		UNIT/CELL G C 10
	HEALTH SERVICES R d in the patient's health record ex nk change, religious diets, shoes	cept for: simple	prescription refills, finance, non-medical
TYPE OF RESPONSE			
	☐ DENTAL	[MENTAL HEALTH
☐ OPTOMETRY	OTHER:		
Schedule withinc	lays/weeks/months 🔲 I	Vext available s	sick call
develop symptoms, you we construct the construction of the constru	vould be evaluated and trea	ted as needed na virus in stat	ff or offenders here at SCCC.

RESPONDER typed name and signature DATE J. Wayman, RN3/IPN 03/31/2020

Distribution:

ATTACHMENT 2

Case 13:20 legy-deserved jet size emergent by medical 5+A+4 - Judicel State of 61/30 a 08 40 on 4.4-20



0936

LOG I.D. NUMBER

OFFENDER COMPLAINT

CHECK ONE: Initial Emergency	Appeal Rew	rite
RESIDENTIAL FACILITIES: Send completed form to the G who was involved or which policy/procedure is being grieved. E complaint form. A formal grievance begins on the date the type Department employee to report an emergency situation or to ini complaints through the appropriate Department employee(s) he	rievance Coordinator. Explai Be as brief as possible, but in ed grievance forms are signed itiate an emergency complaint efore pursuing a grievence	in <u>what happened, when, where,</u> and clude the necessary facts. Use only one by the Coordinator. Contact a nt. Please attempt to resolve all
NOTE: Complaints must be filed within 20 working days of the response. Include log ID # on rewrite or response.	the incident. Appeals must be	e filed within <u>5 working days</u> of receiving
Last Name First Middle	DOC Number	Facility/Office Unit/Cell
COMMUNITY SUPERVISION: Send completed copies of th Program, Department of Corrections, P.O. Box 41129, Olympia	is form directly to: Grievance	Program Manager, Offender Grievance
MAILING ADDRESS: STREET OR P.O. BOX COMPLAINT: Twant to be told how test	CITY, STATE	ZIP CODE TELEPHONE
preventing the spread of the virus by have it. You are legally making the exhaustrating my future of current health.	ustion of this a this is a serious Stop denying us	idministrative remedy life threatening issue to be tested for the
SUGGESTED REMEDY: Same Mandat	tory C	= dH-14-2600
	Signature	Date
GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because:	Facility/Office	Date Received
☐ It is not a grievable issue. ☐ You requested to withdraw the complaint. ☐ You failed to respond to callout (sheet) on ☐ Administratively Withdrawn ☐ The formal grievance/appeal paperwork is being prepared. ☐ Not accepted	. below.) Return within 5 work □ No rewrite received _	n and/or rewriting needed. (See ing days or by:
EXPLANATION:		
	or's Signature	Date
OC 05-165 Front (Rev. 07/26/16)		DOC 310.100, DOC 550.100

ATTACHMENT 3

Case 3:20-cy-05207-RUDURE MEGGIENT De Filled 04/06/28 Page la matie 10 lew ton





LOG I.D. NUMBER

11

CHECK ONE.				OFFEND	
CHECK ONE: Initial Emerge	ency	⊠ Appeal	Rewrite	е	
who was involved or which policy/procedure is bei complaint form. A formal grievance begins on the Department employee to report an emergency situ complaints through the appropriate Department employee.	date the type	ed grievance forms a	are signed b complaint.	ode the necessar by the Coordinato Please attempt t	y facts. Use only r. Contact a o resolve all
NOTE: Complaints must be filed within 20 wor the response. Include log ID # on rewr	kina dava of t	فالسنامات مطا	s must be f	filed within <u>5 work</u>	ing days of recei
Last Name First	Middle	DOC Num	ber	Facility/Office	Unit/Cell
Tarbert Michael	W	9373	30	•	
COMMUNITY SUPERVISION: Send completed Program, Department of Corrections, P.O. Box 411	d copies of thi		rievance Pr	ogram Manager	Offender Grieva
Program, Department of Corrections, P.O. Box 411 MAILING ADDRESS: STREET OR P.O. BOX		<u>WA 98504-1129.</u> CITY, STATE			
		SITT STATE		ZIP CODE	TELEPHONE
COMPLAINT: How do you deem the: international contents emerge dying on a daily basis for the	s outbre ency. Ple ipreading - Past 4	as explain is non-em	bow th	has caus	ed an estate ople are
SUGGESTED REMEDY: Same					
SUGGESTED REMEDY: Same	Mandato		Trefe		Tarled
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Same GRIEVANCE COORDINATOR'S RESPONSE	Mandato		Tufe	Date Rec	
GRIEVANCE COORDINATOR'S RESPONSE four complaint is being returned because:	Mandato	Signature Facility/Office	Tufu nt was resc		
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GRIEVANCE COORDINATOR'S RESPONSE four complaint is being returned because: It is not a grievable issue. You requested to withdraw the complaint. You failed to respond to callout (sheet) on Administratively Withdrawn The formal grievance/appeal paperwork is being p Not accepted		Signature Facility/Office The complai Additional in below.) Return within No rewrite re	formation and 5 working ceived	lved informally, nd/or rewriting ne days or by:	eived eeded. (See

ATTACHMENT 4



DEPARTMENT OF CORRECTIONS

P.O. Box 41100 • Olympia, Washington 98504-1110

April 3, 2020

TO:

All Incarcerated Individuals

FROM:

Julie Martin, Deputy Secretary J. Martin, Robert Herzog, Assistant Secretary

RE:

Issuance of N95 Respirators to Correctional Staff

The Washington Department of Corrections has begun to issue expired N95 respirators to staff who work closely with you who are housed in our state's correctional facilities and work release centers.

To date, there have been no positive test results for COVID-19 among those housed in Washington state correctional facilities and work release centers. One incarcerated individual who was housed in a community hospital contracted COVID-19 while housed outside the state correctional facility and has remained in the community hospital since that time. Currently, nine department staff have tested positive since the beginning of the COVID-19 outbreak.

The department understands that staff represent a point of vulnerability in potentially bringing COVID-19 within a correctional facility. The purpose of providing the N95 respirators is to reduce the chances for bringing COVID-19 into state correctional facilities and work release centers. Since the beginning of the COVID-19 outbreak, the Department has implemented screening for all persons entering facilities, implemented social distancing protocols, increased cleaning and disinfecting of all areas and limited visitor and volunteer access to facilities.

Today, the Centers for Disease Control (CDC) recommended face coverings in settings where other social distancing measures are difficult to maintain. Today's action by the Department represents the latest preventative and protective effort for all individuals.

The wearing of N95 respirators is for general use and is voluntary to staff at this time.

JM/RH/SS:jmc

cc:

DOC COVID-19



STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS OFFICE OF THE SECRETARY

P.O. Box 41101 • Olympia, Washington 98504-1101

April 1, 2020

TO:

All DOC Staff

FROM:

Stephen Sinclair, Secretary [Signature on file]

Danielle Armbruster, Emergency Operations Center Manager [Signature on file]

SUBJECT:

Updated Employee PPE Protocols for Patients on Isolation or

Quarantine

In light of the response to COVID-19 and personal protective equipment guidelines, we have updated the information in this memorandum. The updates are in **bold** and <u>underlined</u>. This memorandum and attachments will be continuously updated as changes are made to PPE protocols.

The coronavirus (COVID-19) situation continues to evolve. It is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure environments. To assist all staff, a quick reference sheet and matrix is attached to appropriately identify personal protective equipment (PPE) for specific job types. The documents outline the activity, type of work and appropriate identified PPE. Staff have been trained on universal precautions and are reminded to follow established protocols.

Protocols are intended to assist custody staff in maintaining alignment with the most up-to-date version of *WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline*. For information about how Personal Protection Equipment (PPE) shall be utilized, please refer to the *WA Department of Corrections PPE Quick Reference Sheet*.

If equipment is not readily available in your work location, to request equipment:

- prison staff will work with their Incident Command Post;
- work release staff will work with work release supervisors; and
- community corrections staff will work with field administrators.

Where indicated, the N95 filter half-face respirator will be used by staff who have been medically cleared and fit tested. Staff are not authorized to use any respirator unless they

Updated Employee PPE Protocols for Patients on Isolation or Quarantine April 1, 2020
Page 2

have been approved for use and fit tested. As a reminder, be sure to inspect each respirator prior to use, ensure it has not exceeded the manufacturer's expiration date, and is in good repair. This would include inspections of straps, nose piece and general integrity of the filtration system.

ISOLATION

Patients who test negative for COVID-19 will remain in isolation until they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms.

Isolated patients must wear a surgical mask any time they are outside of their cell.

Isolated patients are not to use the phone, or any other dayroom items (microwave, hot shot, etc).

Contact with individuals on isolation:

- N95 mask, eye protection, gown, and gloves needed in the following:
 - Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
- Surgical mask, eye protection, gown, and gloves in the following:
 - o When speaking with a symptomatic patient from outside of an isolation cell
 - Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 - Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
- In the following situations PPE will be comprised of gloves:
 - o Passing items through a closed door cuff port and NO face to face contact

<u>Isolated patients shall be offered a minimum of one (1) shower per week after Day 7 in Isolation.</u>

Showers being used by those on isolation shall be disinfected after each shower according to the manufacturer's guidelines. The janitor/porter cleaning the shower will need to wear: surgical mask, disposable gown, gloves and eye protection, if supplies are available at the facility. If appropriate PPE is not available at the facility, showers should be suspended.

QUARANTINE

Quarantine is for 14 days at a minimum, and refers to separating those who are NOT symptomatic, but who were exposed to someone who has symptoms of illness.

Any quarantined patient who develops symptoms will be immediately removed from quarantine and placed into isolation.

Quarantined patients may be housed alone or with other quarantined patients from the same

Updated Employee PPE Protocols for Patients on Isolation or Quarantine April 1, 2020
Page 3

exposure.

Quarantined patients may NOT have any interactions with non-quarantined incarcerated individuals.

The following activities are approved for quarantined populations, as long as social distancing of at least six (6) feet is maintained for each activity:

- Outside recreation yards (no more than 50 individuals at a time)
- Day room use

All surfaces must be wiped down/cleaned after the quarantined patient(s) returns to their cell

FOR ALL ON EITHER ISOLATION OR QUARANTINE

COMMISSARY:

A memo will be distributed by DOC Prisons/Health Services Unified Command advising all incarcerated individuals that, if they are on isolation or quarantine status:

- Commissary orders will be submitted via paper form
- Microwaves WILL NOT be available to those on isolation.
- Microwaves will be available to those on quarantine.

Superintendents must define locations and processes for how commissary orders are to be delivered.

MISCELLANEOUS:

- All patients in isolation or quarantine shall be issued hygiene kits and new clothing as needed
- All patients in isolation or quarantine will receive meals in clamshells at cell-front
- Laundry from isolation or quarantine patients will be placed in yellow bags and transported in rice bags, and washed/treated separately as infectious laundry
- Staff or incarcerated individuals who clean rooms used for isolation or quarantine
 patients will need to wear PPE consisting of: Surgical mask, disposable gown, and
 gloves, and ensure the PPE is immediately removed and disposed of once cleaning is
 complete

SS/DA:eocjic

Attachments:

<u>COVID-19 PPE Quick Reference</u>

<u>COVID-19 PPE Matrix</u>

ce: DOC COVID-19

ATTACHMENT 5

WASHING	STON STATE		•	1.00	OFFE	NDER CO	OMPLAINT
CHECK ONE:	☐ Initial	Emergency	□ Арре	eal 🗌 R	ewrite		•
who was involved complaint form. A Department empl complaints throug	l or which policy/ A formal grievanc oyee to report ar th the appropriate	end completed form to the procedure is being grieved be begins on the date the tyne emergency situation or to be Department employee(s) ed within 20 working days	Grievance . Be as bri ped grieva initiate an before pur	Coordinator. Ex ef as possible, bunce forms are sig emergency comp suing a grievance	it include the nec gned by the Coord plaint. Please atto e.	essary facts. dinator. Conta empt to resolv	Use only one act a /e all
	sponse. Include	log ID # on rewrite or resp	onse being	appealed.			
Last Name	First	Middle		DOC Number	Facility/Of		nit/Cell
		Send completed copies or ns, P.O. Box 41129, Olym			nce Program Ma		ler Grievance
MAILING ADDRE			CITY, S	r. at.	ZIP CODE	: TEI	LEPHONE
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GRIEVANCE C Your complaint is It is not a griev You requested You failed to re Administrative The formal griev Not accepted EXPLANATION:	being returned by able issue. If to withdraw the espond to callout by Withdrawnevance/appeal page 2	complaint. (sheet) on] 	☐ No rewrite rece	was resolved info mation and/or rev working days or vived	writing needed by:n	d. (See
Coordinator's Name	print)	Coo	rdinator's Si	gnature			Date

DOC 05-165 Front (Rev. 07/26/16)

	۵			OLICIDEL	COMPLAIN
	Emergency	Appeal	Rewrite		
RESIDENTIAL FACILITIES: Send who was involved or which policy/procomplaint form. A formal grievance became the molecular through the appropriate Department through the appropriate D	cedure is being grieve egins on the date the nergency situation or t	 d. Be as brief as poss typed grievance forms o initiate an emergenc 	ble, but include are signed by the complaint. Pla	the necessary f he Coordinator.	acts. Use only one Contact a
NOTE: Complaints must be filed the response. Include log	vithin <u>20 working days</u>	of the incident. Appe	als must be filed	d within <u>5 workin</u>	g days of receiving
ast Name First	Middle	DOC Nu	mber Fa	acility/Office	Unit/Cell
Bashaw Tules COMMUNITY SUPERVISION: Se Program, Department of Corrections,	P.O. Box 41129, Olyr	npia WA 98504-1129.	Grievance Prog		N. C.
MAILING ADDRESS: STREET OR		CITY, STATE		P CODE	TELEPHONE
COMPLAINT: To be clear a complete who could aking proper prevention aking all the procautic	n measures cially as to work that you	s carrying the to maintain the pour own off are current	covid-se screty ical webs ly violativ	\$ securit	y of the
		COP	γ		٠.
SUGGESTED REMEDY:			•		
Same.					· .
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	Ma	andatory			3-31-20
		Signature			Date
GRIEVANCE COORDINATOR'S our complaint is being returned beca		Facility/Off	ce	Date Rec	eived
☐ It is not a grievable issue.			plaint was reso	· · · · · · · · · · · · · · · · · · ·	
You requested to withdraw the cor		L Addition below.)	al information a	nd/or rewriting n	eeded. (See
☐ You failed to respond to callout (sh	eet) on	i .	vithin 5 working	days or by:	
☐ Administratively Withdrawn ☐ The formal grievance/appeal pape		□ No rough	te received		
Not accepted	work is being prepare	t(1.		acility) on	(date).
EXPLANATION:	Therence.	Condina	tear T	Shop -	16-
deplicate. Non-	appealable	3. 55+ 0	House	5,7	
	v ·	-	······		
					
Coordinator's Name (print)	Co	ordinator's Signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date

DOC 310.100, DOC 550.100

DOC 05-165 Front (Rev. 07/26/16)

GENERAL AFFIDAVIT

COMES NOW, Jean Lave Wesley Hark resident of Stafford, Creek, Corne lions County of Suys Platter, State of Nashington makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge: With the recent, events of Covid 19" the rules of social distancing have, been implemented, here at, Stafford Crack Doing this time the isset has been raised about the Corneliens licers enforcing these weeks among the immate regulation but not abiding by the secial Letertoning who themselves Clusters of officers standing in close proximity has and continues to be seen all coround the facilities This is concerning in the degree that the threat of the contraction of Covid 19 in the facility could only come from the nightgenes of these staff members choosing not to follow these who of social distancing.

WITNESS my signature, this the <u>28</u> day of <u>March</u>, 20<u>20</u>.

Signature of Affiant

GENERAL AFFIDAVIT

COMES NOW, I CHARGE , resident of Haffiel Clark, County of Gray's Harber, State of Washington and who makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

Social distancing procedures have been implemented facility wide and yet, the staff themselves are in cirect violation of these procedures by clustering up, not distancing themselves, and putting everyone in extreme risk. There are claims that there are no covid-19 cases within O.O.C and this institution but yet, there are 3 people being quarantined in Gillnif, and no one has been tested to confirm or deni these infected cases or individuals.

WITNESS my signature, this the 27^{th} day of March, 2020.

Signature of Affiant

To: Court Clerk

From: Case No: Date:

RE: Declaration of Tellar Thomas (Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/ isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus. I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB. work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by, Jeffrey Thomas

To: Court Clerk

From: Case No: Date:

RE: Declaration of Isaiah Summers 368947 (Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus, I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB, work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by, Summucs

To: Court Clerk From: JOHNC. MOWER JR

From: John C. Mower JR Date: 4-12220 (Print name here)

I hereby declare:

Due to the terrifying and alarming COVID-19 virus pandemic, along with multiple Stafford Creek Corrections Center(SCCC) staff testing positive for the COVID-19 virus, and myself having symptoms of the COVID-19 virus, I was placed in quarantine/ isolation in SCCC's G-Unit, which is a general population unit that houses hundreds of prisoners.

In addition to being housed in a general population unit while having symptoms of the COVID-19 virus, I am being quarantined/isolated approximately three(3) feet from the general G-Unit population. This approximated barrier is defined with a yellow stripe taped to the floor three(3) feet from my cell door. The exhaust vent in my cell is connected to, and a part of, the circulating air system throughout all of G-Unit. After the general population is locked in for the night, and after the unit cleaning crew has disinfected the unit with cleaners that are not on the official cleaner list appropriate for the COVID-19 virus, I am let out of my cell to use the very same showers, phones, OMNI kiosk, JPay kiosks, and microwaves as the rest of the healthy prisoners. This leaves the next users of these items (G-Unit population) highly susceptible to contracting the COVID-19 virus, due to the fact that the virus lives on various surfaces for up to a few weeks.

I personally believe that SCCC staff has mishandled this COVID-19 virus pandemic at every turn. They have endangered the lives of myself, the G-Unit prisoners, and every other prisoner in the entire SCCC facility with their careless actions, due to the fact that the highly vulnerable G-Unit prisoners, as well as all other prisoners, still go to the chow hall, law library, religious services, phones in the yard areas, work in the HUB, work in the kitchen, use the other restrooms throughout the SCCC campus, and more. Their actions are reckless and endanger too

many precious lives.

I swear under oath, with penalty of perjury, that the above is true and correct.

Signed by,

ATTACHMENT 6

<u>AFFIDAVIT</u>

STATE OF WASHINGTON)	
COUNTY OF Cocaus Harbor	5:
, Casey Woodson, 24	7576, declare under penalty of
perjury that the following statements within	this affidavit are true and correct to
the best of my knowledge and has been	executed on this day of
<u>Αρτίι</u> , 2 <u>Φ2φ</u> , at <u>5+a</u>	fford Creek Corrections
center	in the County
of Aberdeen , Washington:	
WHILE I WAS IN IMU FRE APRIL 3rd THERE WERE NO OR BEING ON QUARENTEENED. Y. THING ELSE WAS RUNNING A.	· / · · · · · · · · · · · · · · · · · ·

(Affiant's Name)

Affidavit pursuant to 28 U.S.C. 1746, <u>Dickerson v. Wainwright</u>, 626 F.2d 1184 (1980); Affidavit sworn as true and correct under penalty of perjury and has full force of law and does not have to be verified by Notary Public.

ATTACHMENT 7

Who is at risk for novel coronavirus?

Currently the risk to the general public is low. At this time, there are a small number of individual cases in the U.S. To minimize the risk of spread, health officials are working with healthcare providers to promptly identify and evaluate any suspected cases.

Travelers to and from certain areas of the world may be at increased risk. Although coronavirus originated geographically in Wuhan, China, the disease is not specific to any ethnic group. Chinese ancestry – or any other ancestry – does not make a person more vulnerable to this illness.

How can I protect myself from novel coronavirus?

If you are traveling overseas (to China but also to other places) follow the CDC's guidance: www.cdc.gov/travel.

Right now, the novel coronavirus has not been spreading widely in the United States, so there are no additional precautions recommended for the general public. Steps you can take to prevent spread of flu and the common cold will also help prevent coronavirus:

- wash hands often with soap and water. If not available, use hand sanitizer.
- avoid touching your eyes, nose, or mouth with unwashed hands.
- avoid contact with people who are sick.
- stay home while you are sick and avoid close contact with others.
- cover your mouth/nose with a tissue or sleeve when coughing or sneezing.

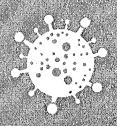


Currently, there are no vaccines available to prevent novel coronavirus infections.

How is novel coronavirus treated?

There are no medications specifically approved for coronavirus. Most people with mild coronavirus illness will recover on their own by drinking plenty of fluids, resting, and taking pain and fever medications. However, some cases develop pneumonia and require medical care or hospitalization.

For more information: www.kingcounty.gov/covid Updated 2/19/2020



ATTACHMENT 8

<u>AFFIDAVIT</u>

STATE OF WASHINGTON

COUNTY OF Greys Harbor) ss:	
1, Dustin Gilder S Do.c. 419489, declare under pe	
perjury that the following statements within this affidavit are true and co	
the best of my knowledge and has been executed on this 350	day of
April ,2020, at Stafford Creek	
Corrections Center in the	County
of Greys Harbor, Washington: I held a job in the K	itchen at SCCC
of Greys Harbor, Washington: I held a job in the K between the dates of 12DEC19& 19MAR2O, and while I	. Was there, there
was no dishwasher machines in the areas we w	ere creating "
disher nots & Dans In those specific areas, there was a	. consistent outbrea
at It ale Unid arowing alone the walls a clamp ever	nees. when he
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he half it at Irisk in Violation of our of fire circle	
Modetion of multiple state laws. Today, I like de gr	argency
about both the Black Mold in the kitchen of the COL	11D-19 virus,
to be told it was a non-emergency issue.	
v	

Affidavit pursuant to 28 U.S.C. 1746, <u>Dickerson v. Wainwright</u>, 626 F.2d 1184 (1980); Affidavit sworn as true and correct under penalty of perjury and has full force of law and does not have to be verified by Notary Public.

(Affiant's Name)

Case 3:20-cv-053277R, IB-JRC Document 1 Filed Office Page 87 of 130

Cue College March

Department of

LOG I.D. NUMB

Department of Corrections

LOG I.D. NUMBER

WASHINGTON STATE			OF	FENDER	COMPLAINT
CHECK ONE: Initial Emerge	ncy 🔲 A _l	opeal 🔲	Rewrite		
RESIDENTIAL FACILITIES: Send completed find who was involved or which policy/procedure is being complaint form. A formal grievance begins on the Department employee to report an emergency situal complaints through the appropriate Department employees.	ng grieved. Be as date the typed grie ation or to initiate aployee(s) before	brief as possible, evance forms are an emergency co pursuing a grieva	but include the signed by the C mplaint. Please nce.	necessary factoriation of the contract of the	cts. Use only one contact a solve all
NOTE: Complaints must be filed within 20 wor the response. Include log ID # on rewr	king days of the in ite or response be	cident. <u>Appeals</u> ning appealed.	nust be filed with	nin <u>5 working</u>	days of receiving
Last Name First Gilders Dustin	Middle √).	DOC Numbe	r Facility らこ	//Office	Unit/Cell GA - C14
COMMUNITY SUPERVISION: Send completed Program, Department of Corrections, P.O. Box 41	d copies of this for	m directly to: Grie	vance Program	Manager, Off	ender Grievance
MAILING ADDRESS: STREET OR P.O. BOX	CITY		ZIP CC	DDE	TELEPHONE
COMPLAINT: I wish to grieve Black Mold, which is giving being compounded with the been circulating around the af the SCCC populous 3 time trays that get cleaned off in danger.	the sccc us an ir curvent & e sccc (es a day, in the Mol	Ritchen nmediate rampant Compound as we lat	for failing Health Ri COUID- This affect aff the doreas	9 to cle sk, on 19 virv. ets me se cont puttin	ean the top of s that has & the rest aminested g. our lives
SUGGESTED REMEDY: Clean up to dishwasher, plus \$2,000,000	he Black Mandatory	$\langle \ \rangle_{I}$	ovide vs Jeld	a wor	king 3APR2020 Date
GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: It is not a grievable issue. You requested to withdraw the complaint. You failed to respond to callout (sheet) on Administratively Withdrawn The formal grievance/appeal paperwork is being Not accepted EXPLANATION:	·	Facility/Office The complair Additional inf below.) Return within No rewrite red Sent to	ormation and/or 5 working days ceived	rewriting nee	oded. (See
Coordinator's Name (print)	Coordinator's	Signature	,		Date

LOG I.D. NUMBER



OFFENDER COMPLAINT

CHECK ONE: Initial	☑ Ar	peal 🔲 Rewr	rite	
RESIDENTIAL FACILITIES: Send completed form to	to the Grievar	ice Coordinator. Explai	n <u>what happened, wh</u>	nen, <u>where</u> , and
who was involved or which policy/procedure is being gri				
complaint form. A formal grievance begins on the date				
Department employee to report an emergency situation complaints through the appropriate Department employ	or to initiate : ree(s) before i	an emergency compiain oursuing a grievance	it. Please attempt to	resolve all
NOTE: Complaints must be filed within 20 working of			e filed within 5 workin	ng davs of receiving
the response. Include log ID # on rewrite or				<u></u>
Last Name First Midd		DOC Number	Facility/Office	Unit/Cell
	a10	419489	SCCC	GA-C14
Gilders Dustin W		The second secon		
COMMUNITY SUPERVISION: Send completed cop			Program Manager, 0	Offender Grievance
Program, Department of Corrections, P.O. Box 41129, MAILING ADDRESS: STREET OR P.O. BOX	A DESCRIPTION OF THE PERSON AND A SECOND PROPERTY OF THE PERSON AN	, STATE	ZIP CODE	TELEPHONE
	Territoria.			
COMPLAINT DIVIN 14 0/0 10 10 10	1.4 A		014 11 11 61	(((-), a))
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COVID-19 Virus, is not an emen	rgency.	This is literal	ly pottuythe,	lives of All
complaint: Please explain how neating aff of potentially-contaction of virus, is not an ement the SCCC prisoners at risk on & extreme violation of our 8th A	1 1	Stant daily 1	pusis This i	's a Hagrand
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& extreme violation of our 8th A	menom	ent Rights in	The V.J. Con	
		ν		
SUGGESTED REMEDY: Deem this	ALLA DINA	OND DIAMIL AL IN	equired Don	policy.
TWIS	on and	agency, as ra	goine por	Ponsy
			1	
,	Mandatory	Last de	Police	3APR2020
	wandatoi y	Signature	Cacco	Date
		Facility/Office	Data Box	
GRIEVANCE COORDINATOR'S RESPONSE		raciiity/Onice	Date Red	ceiveu
Your complaint is being returned because: It is not a grievable issue.		☐ The complaint was	resolved informally.	
You requested to withdraw the complaint.		Additional informat	•	eeded. (See
You failed to respond to callout (sheet) on		below.)	J	
Administratively Withdrawn	•		rking days or by:	·
☐ The formal grievance/appeal paperwork is being pre	pared.	No rewrite received		
☐ Not accepted	•	Sent to	(facility) on	(date).
EVDI AMATION			,	
EXPLANATION:				
	•			
1 O P. () N / 1 O				·····
Coordinator's Name (print)	Coordinator's	Signature		Date
DOC 05-165 Front (Rev. 07/26/16)	Coordinator's	Signature	DOC	Date 310.100, DOC 550.100

<u>AFFIDAVIT</u>

STATE OF WASHINGTON)
COUNTY OF Grays Harbor
I, Colt Borgeson #366756, declare under penalty of
perjury that the following statements within this affidavit are true and correct to
the best of my knowledge and has been executed on this day of
April , 2000, at Stafford Creek Corrections
Center in the County
of Aberdeen, Washington: I worked in the Kitchen at SCCC
rust on or near tables were food is prepared. AC Brandy work without
a Hair net 10 kg work were tood is Prepared. AC Broady work without
a Hair net. Ac Keith work without a Bread net. in the dish pit were
Nashed with drity boots. I've witness state
Nashed with drity boots. I've witness staff come right in to work
love thends and touch Food offenders to to work
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For Met 11 and Cups vight not to E of to
For Mainline. I've Seen Black mold Aris The Kitchen and Times And Cups right next to Food that gose off the top of the
throughout The Kitchen and I'myself told fifty Nome of the Company of the told for the times of times of the
"10 s about if nothing danced told the
AC'S about it nothing done about it. (Affiant's Name) 366,756

Affidavit pursuant to 28 U.S.C. 1746, <u>Dickerson v. Wainwright</u>, 626 F.2d 1184 (1980); Affidavit sworn as true and correct under penalty of perjury and has full force of law and does not have to be verified by Notary Public.

ATTACHMENT 9

COVID-19 Tier Rep Meeting March 20, 2020 12:30

10K2

Units Represented by:

G - George Russell 290588

H1 - Yoshio White 633518

H2 - Michael Rhem 723868

H3 - Kevin Boot 748979

H4 - Mauricio Paige-Coulter 758532

H5 - Garridan Nelson 739166

H6 - Jimmie Hartfield 366099

Staff: Superintendent Haynes, Associate Superintendent Penrose, CUS Jim Jolly, CUS Kendra Wakefield, AA3 Teasha Bundy

Offenders are concerned about if there is any timeline for Visitation to open back up? It is unknown when it will be reinstated. A lot of the visitors to our facility come from the "hot spots" King County, Pierce County and such.

Is COVID-19 in our facility now? As of now it is not here, we had one offender tested that tested negative. As far as we know there is no one incarcerated in Washington State that has tested positive as of now.

HQ is going to send down some guidelines from the EOC to implement Social Distancing, we will have to figure out how to make it work at a facility level. Constant changes coming for all of our safety.

HQ/Health Services/DOH are all working together and working with CDCs recommendations to figure out the best way to keep everyone safe.

Tier reps asked to tell their units PLEASE stop hugging, stop shaking hands, stay 6-12 feet apart as much as possible. Practice social distancing whenever you can, COVID is very contagious and spreads rapidly.

We are doing all we can to keep population and staff safe, additional cleaning, stopping visitation. We have an elderly population and we are doing all we can to keep COVID out of SCCC. There is a 2 step screening process for staff that they have to pass to even be able to come into the facility. There are very few tests available anywhere, even staff are not able to get tested outside of the facility.

Hepastat has been proven to work just as well as bleach. Offenders were encouraged if they are bored, grab a rag and some Hepastat and start cleaning.

Going to do everything we can to prevent a lockdown. Going to slow down mainline, limit recreation, limit access to facility as much as possible to try to keep the facility moving.

We have upped hours for JPay from 2 hours a day to 4 to try to give everyone a chance to keep in contact with their loved ones. Keeping the phones open, try to keep spread out on phones, limit use to dayrooms to keep less people. Wipe phones, kiosks, etc after every use.

Currently no treatment for COVID, just self-quarantine.

ATTACHMENT 11

ACCESS TO MANDATORY SAVINGS FOR REENTRY/EMERGENCY EXPENSES

I. Reentry activities

- A. Approved educational courses and programs
- B. Vocational tools and equipment
- C. A class fee or tuition for an upcoming class that must be paid before release
- D. Necessary medical equipment to replace Department owned equipment that will not leave the facility upon release (e.g., medical supplies, wheelchairs, canes, walkers, oxygen)
- E. Additional funds for transportation beyond the state provided bus ticket (e.g., plane or train tickets)
- F. Funds to secure housing (e.g., first month's rent, deposit)
- G. Payment for warrants or traffic offenses that must be cleared upon release
- H. Funds for court ordered classes (e.g., Department of Social and Health Services parenting classes) required before reuniting with children
- I. Union dues
- J. Re-certification or licensing fees
- K. Approved outside medical services
- L. Funds in lieu of a Community Services Revolving Fund (CSRF) loan
- M. Funds to pay existing Legal Financial Obligations (LFOs) and/or Cost of Supervision (COS)/supervision intake fees
- N. Application fee for out-of-state transfer under the Interstate Compact
- O. Eyeglasses (e.g., prescription glasses, Over the Counter reading glasses)

II. Emergency expenses relating to:

- A. Death of immediate family member
- B. Medical needs of immediate family member
- C. Providing essential support during or relating to a natural disaster affecting immediate family
- D. Escorted funeral/deathbed trip

IV. RELIEF

State exactly what you want the Court to do for you. For example, you may be seeking money damages from an individual defendant, you may want the Court to order a defendant to do something or to stop doing something, or you may want both kinds of relief. Make no legal arguments. Cite no cases or statutes.

DAII quarantine prisoners at SCCC to be housed en in F-Unit away
From population prisoners @ \$5,000,000 3 SCCC to start providing
us with all necessary cleaning supplies to prevent Covid-19 9 Stop
all transfers during the Covid-19 outbreak unless the individual has

V. SIGNATURE

By signing this complaint, you represent to the Court that you believe the facts alleged to be true to the best of your knowledge, that you believe those facts show a violation of law, and that you are not filing this complaint to harass another person or for any other improper purpose.

4/6/200 Dated

(See Attached)
Plaintiff's Signature

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tested negative for the Covid-13 virus & Start releasing prisoners with 18 months or less, prisoners who have completed a appear plus sentance for review them for release, all low risk prisoners, & all prisoners who have health risks making them more susceptible to the Covid-15 virus.

To:

From: Stafford Creek Corrections Center(SCCC) Prisoners

Date:

RE: Petition against Cruel and Unusual Punishment under the harsh Conditions of Confinement at SCCC due to the COVID-19 virus pandemic.

We, the prisoners of SCCC hereby declare:

That SCCC staff members are not taking reasonable measures to guarantee the safety and security of prisoners housed at SCCC. This is a direct violation of the Eighth Amendment of the United States Constitution prohibiting cruel and unusual punishment. This prohibition of cruel and unusual punishment also includes harsh conditions of confinement that the SCCC prisoner population has been subjected to and stems from the COVID-19 virus global pandemic that has terrorized the State of Washington since January, 2020. Some of the cruel and unusual punishments and harsh conditions the SCCC prisoners are experiencing include, but are not limited to:

- Depriving prisoners of a proper and adequately safe environment.
- Depriving prisoners of sufficient COVID-19 approved cleaning materials and supplies, as recommended by our state and national governments.
- Depriving prisoners of Personal Protection Equipment(PPE), hand sanitizer, and COVID-19 approved sanitizing solutions.
- Not providing proper testing for SCCC staff and depriving prisoners of any testing.
- Not providing proper isolation/quarantine for COVID-19 symptoms as they are being housed with the general population of SCCC prisoners.
- Staff not following proper or adequate COVID-19 protocol, such as, social distancing between each other, PPE, etc.
- Depriving prisoners access to their mandatory savings per policy 200.000, which allows prisoners to send funds to their immediate family to help provide essential support during a natural disaster.

In direct violation of the Eighth Amendment, the SCCC staff have exhibited gross negligence and deliberate indifference toward the severe and detrimental medical needs, as well as the safety and security, of all SCCC prisoners during this global pandemic caused by the COVID-19 virus. The extreme deprivations caused by the SCCC staff are currently creating an environment that is

unsafe and inhumane. These harsh conditions effectively amount to a death sentence for many prisoners; none of which were sentenced to death, as the death penalty is illegal in the State of Washington, branded as cruel and unusual punishment.

With the many egregious violations of the Eighth Amendment listed above, we, the prisoners of SCCC respectfully request:

1) Staff wearing proper prevention attire

Since the COVID-19 National Emergency in the State of Washington, the majority of SCCC staff have taken zero (0) precautionary measures in wearing the proper Personal Protection Equipment(PPE) especially in G-Unit where they are currently housing prisoners with the COVID-19 virus. Additionally, staff have not been practicing social distancing among themselves, nor around the prisoners. This results in a high fear among us, as we continue to have more SCCC prisoners infected due to their failure to prevent the virus from spreading, in violation of the Eighth Amendment.

2) Testing all inmates for COVID-19 free of charge

Effective immediately, every inmate currently housed in the Washington Department of Corrections (WADOC) shall be tested for COVID-19 for free to prevent further spreading of this contagious virus that has the effect to completely eradicate the prison population. The known memetics spread by being passed from person to person in the same way that genes spread by being passed down through sperm & egg. The COVID virus is winning the biological battle by successfully penetrating the human body's immune system and has spread globally.

3) Report all staff like DHO LaRue, Secretary Johanson, her husband, and Visitroom SGT. Smith & all other staff who've tested positive for COVID-19, but still came around the S.C.C.C. population inmates.

Effective immediately, all WADOC staff members, personnel, employees, & contracted workers must be tested for the COVID-19 virus to prevent the spreading of this deadly virus. They have not been following the President of the United States & the Washington State Governor's State of Emergency Executive Order/Declaration of a Global Pandemic. Staff like DHO LaRue and others, knowingly had symptoms of COVID-19 and still conducted work duties around other staff and prisoners. This has caused SCCC prisoners to have these same symptoms, yet receive no testing.

4) Giving us inmates the proper PPE & cleaning gear/supplies

Effective immediately, we inmates are to receive 24 hour access to bleach, hand sanitizer, gloves, mask/supplemental equipment, new sheets & blankets (passed out door to door). This will help prevent contamination, their failure to do so now is violating our Eighth Amendment rights, especially given the fact that WADOC is posting on their website that they are giving us these items, when in fact, they are NOT!!!

5) Stop all institutional transfers from facility to facility, cell to cell, & unit to unit

Effective immediately, stop all transferring of inmates from prison to prison, cell to cell (in unit cell moves), & unit to unit. This is per the Governor's Executive Order that WADOC has refused to follow.

6) Stop the housing of symptomatic or infected inmates in general population

Effective immediately, all inmates with the COVID-19 virus need to be removed from G-Unit and all other general population area at SCCC.

7) Release adequate number of inmates until single housing is available for all SCCC inmates

Effective immediately, based on information provided by medical professionals and Wasington County Jails that have released inmates and gone to single man cells, the immediate depopulation of SCCC inmates with pre-existing illnesses, compromised immune systems, juveniles, 60+ years of age, less than 5 years remaining on their sentence to reduce the SCCC inmate population to single man housing to prevent further spreading of the contagious COVID-19 virus, to gain a safe and secure environment for all inmates and staff members. To assist in this decision making process, per Bill 5818, passed February 2019, it states that offenders that have served at least 20 years on a murder offense and at least 15 years on a sex offense, can petition the Post Conviction Review Board to have their sentence commuted to time served.

8) Refusing inmates to send out mandatory savings fund money to family & friends during this State of Emergency Global Pandemic for essential needs

Effective immediately, the release of any mandatory savings for essential support to our family, friends, and/or organizations that are in need of assistance during this Global COVID-19 virus Pandemic.

9) Provide all prisoners with \$50 a month starting from March for needs due to COVID-19 Global Pandemic

Effective immediately, provide all SCCC inmates with \$50.00 a month (minus the mandatory deductions), due to the decrease in job availability caused by the State of Emergency COVID-19 Global Pandemic. This is to help provide essential needs that are not being provided by SCCC.

10) Sanitation for kitchen & dining area

Effective immediately, all kitchen and dining areas must be sanitized three (3) times a day with bleach, due to the infected kitchen staff being removed from his position due to the COVID-19 virus. Also, we need an industrial dishwasher installed to help with the proper sanitation of all dishes, utensils, pots & pans. At this current moment, we do not have any of these things being provided by SCCC.

As well as the black mold found throughout the Kitchen and dining areas where immates work and eat, which is unsafe, and inhumane and directly violates inmates Eighth Amendment Rights.

We, the SCCC prisoners housed in G-Unit A-Pod, which is the general population Unit/Pod being used for COVID-19 quarantines and isolations, humbly and firmly, request your immediate assistance in the prevention of the further spread of COVID-19 at SCCC. The SCCC staff have been housing the COVID-19 infected inmates in this fully populated Unit/Pod since the middle of February, when there is an entire section of a Closed Custody Unit, F-Unit, that sits vacant. By housing the COVID-19 infected inmates in this fully populated G-Unit/A-Pod, SCCC staff has directly endangered the lives of multiple inmates that are 60+years of age, have underlying medical issues, and compromised immune systems(asthma, cancer remission, malnutrition, etc.). It is for all reasons discussed in this document, that we plead with you to release inmates to thin the population, and force SCCC staff to adhere to the proper and adequate standards of prevention, to limit the spread of this horrific global pandemic.

Enclosed you will find signatures from the many general population inmates in G-Unit and sworn declarations from some of the quarantined inmates, that have all been affected by SCCC's gross negligence and deliberate indifference. We implore you to act on our behalf and rectify this situation. We thank you in advance for your time and assistance in this matter. It is greatly appreciated.

Humbly and Respectfully,

Wendell M. Armstead JR.

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Isolation is for individuals showing symptoms. Quarantine is for individuals who have been around those that need isolated.

Told to make sure to wash hands frequently, disinfect everything. Haynes/Penrose going to ask about upping the number of bars of soap that can be bought off of store.

So far there is no sign of store having to shut down. Mr. Herzog is going to try to keep everything going as much as possible while remaining safe. So far we are still getting deliveries

Tier reps were told to talk to their units, take notes, write questions, send them up to us. If there are questions from the population bring to unit CUS's or send kiosk to Associate Van Ogle's box.

Won't be sharing full pandemic plan with offenders, most of it is just an explanation of what it covers to keep the prison running. We will send out a plan for schedule of movements that will be communicated with the population.

Plan coming out today that will have more information on Recreation being limited whether just the gym or yard also. Keep 6-12 feet spacing as much as possible. If weight decks are shut down we will ask about doing something with the pay, whether it is refund next quarter that has already been paid or giving a credit of sorts.

Everyone coming in on chains and transfers are being screened. HQ is looking at the different transfers, no answer on how they are going to handle them so far.

HQ is running this show, every facility is getting the same guidelines so they can all be uniform.

We are sending HQ questions from the facility on a daily basis.

Asked about considering doing movies on other channels to help boost morale, they are very expensive, right now medical supplies is where all of our money is going. We will look into it though. COVID shouldn't affect our TV Voting anymore than it already is with Comcast's issues.

Talked about how the offenders aren't thinking of the seriousness of this, they see it on TV, hear about it when they talk to their people but they aren't seeing it in front of them so it's easy to not understand how serious it could be.

Encourage others to self report any symptoms. If you are not feeling well, say something. Symptoms are cough, shortness of breath, sore throat, fever. Keep hoping we don't get it inside the facility. Wash your hands and do the best to keep safe. Be vigilant, stay positive.

Right now isolation is in Medical, quarantine is in cell. Worst case scenario we could end up with a total lockdown if this does get in here and spreads like wildfire.

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10/2



STATE OF WASHINGTON DEPARTMENT OF CORRECTIONS OFFICE OF CORRECTIONAL OPERATIONS

STAFFORD CREEK CORRECTIONS CENTER

191 Constantine Way, MS WA-39 - Aberdeen, Washington 98520 (360) 537-1800 FAX: (360) 537-1807

To:

SCCC Incident Command

From:

CUS D. Cherry, Logistics

Date:

3-21-20

Subject:

Tier Representative Meeting

On 3-21-20, at 13:12 hours, a meeting with the SCCC tier representatives was held in the Education building. Captain Eric Mainio and CUS Cherry conducted the meeting Tier representatives present:

G -Unit: George Russell 290588 H1-Unit: Yoshio White 366518 H2-Unit: Michael Rhem 723868 H3-Unit: Kevin Boot 748979

H4-Unit: Mauricio Paige-Coulter 758532 H5-Unit: Garridan Nelson 739166 H6-Unit: Jimmie Hartfield 366099

The meeting was about social distancing and some of the processes being implemented. It was also a discussion around unit social distancing. During the meeting the tier reps were told of the recreation yard being changed to one unit at a time in the yards. They already knew about the weight decks being shut down and the reason why was discussed. They all shook their head in agreement and understood.

They were informed that Engineering will be closed down on Monday so a movement to CI and Engineering could be worked out where not everyone was bunched up together waiting to get through the hubs. All agreed and understood.

They were asked about the units and what can be done about social distancing in the yard. Some ideas were:

Only two to a table in the day room. All agreed

Limiting the phones to every other phone. All agreed

Getting more rags in the unit. Being looked into by Captain Mainio and CUS D. Cherry.

Bleach for the phones. Unable to get bleach due to supply and demand.

Hire extra people in the unit to clean and disinfect. This can be looked at and may be possible. They asked if they can order more hand soap. This is in the works and they will get an answer soon. It is being discussed to allow indigent offender to get soap as needed.

Also asked as if they could get the J-Pay phones working so they can communicate over the J-Pay system.

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Asked if they could attend a daily meeting.

All agrees.

Meeting adjourned at 1:43 P.M.

CUS Meeting March 23, 2020

Attendees: Stefanie Baltzell, Kendra Wakefield, Jim Jolly, Chris Grubb, Dennis Cherry, Annica Mizin, Gina Penrose, Ron Haynes, Teasha Bundy

CUS' will be taking over daily tier rep meetings. Gina will send meeting notes from weekend, have not promised anything, just listening to concerns, if it is doable and not going to affect operations should be okay.

We are increasing JPay kiosk times from clear of morning count until afternoon count begins. Only one kiosk has the capabilities for JPay Video.

Everyone is doing pretty good about having 2 to a table in the dayrooms, make sure officers are enforcing. Keep 6 feet distance, 2 per table during mainline. Mainline is taking about an hour longer being called slower, feeding in units may be coming but not yet.

The recreation schedule is changing, less people, more movements.

1041

Education has been pretty empty, any offender led programs need to keep social distancing in mind.

Yard and Rec schedules are fluid right now, they will be changing as needed. It is a rough draft to see how it works.

Make sure to order plenty of rags and germicidal cleaner for the weekends. Hopefully can have a good handle on how much is needed daily before Friday.

Every day something is changing.

Make sure to assist in other units that are missing a CUS as much as possible.

There is no CI today, they are trying to get a solid plan in writing for them and Engineering. They will be making masks and gowns for the community hospitals, crews may be reduced to maintain social distancing, not sure how decision of who will be made, possibly seniority.

All the individual areas are looking at the best number of porters they need to keep everything being cleaned on a constant basis, making sure rags are not being used for too long.

Tier rep meetings daily, 1 tier rep per unit. Cherry will take the lead today. 10:00 in P Building.

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COVID-19 Tier Rep Meeting March 25, 2020 10:00 10/2

ANTERNATION DE LA COMPANSION DE LA COMPA

Population represented by: Greer (G), White (H1), Rhem (H2), Boot (H3), Paige-Coulter (H4), Nelson (H5), Betancourt (H6)

Staff present: CUS Cherry, T. Bundy

G Unit residents are getting nervous about the number of quarantine cells they are seeing. They would like to know if offenders that would like to be can be tested for COVID-19. Were told no because tests are not easily available so only suspect cases.

They are wondering what will happen if there is a positive test, will they be moved to SEG or Medical or just left in G?

Quarantined offenders are sharing the vents with normal G unit offenders and they are less than 6 feet apart, would like us to use SEG instead since they are sharing a ventilation system. Were told that this is not an airborne disease.

Offenders want to know why we think they would tell us that they are sick if there is a chance that they will be taken to Seg, lose their TVs and all of their property and get treated like a normal IMU offender, cuffs to move anywhere like they are being punished? Would like to be able to keep their property and TVs if they end up with COVID and have to go to Seg.

Wondering why they have not received proper cleaning supplies. Were told that the germicidal cleaner works just as well as bleach.

H6 still has not received any rags. Also need mop heads. T. Bundy called Sgt. Silvan about getting some rags to H6

How come staff are not following Social Distancing practices on the breezeway? They are all just standing around in large groups

Why are quarantined inmates not wearing masks until they are celled in in G unit? Officers and staff also should be wearing PPE in G Unit.

How are G Unit offenders being protected from getting COVID when the quarantine offenders are in there? Told that they are locked in their cells and not out in the pod.

G unit would like toilet paper and cleaners available at all times

Told there is a new process with trash cans, all the cans will have liners in them in the units and the bags will go out the back doors.

The offenders really appreciate having the 2nd login for JPay daily. They are wondering if there is any way that we can make it so there the offenders can send stamps to their families through JPay, currently the family can send them to the offenders when they write to them but not vice versa. Offenders say that this is something that happens in other states.

Want to know if HQ can waive the deductions on incoming deposits during the pandemic to help the offenders get the necessities that they need and extra food so they can try to avoid the dining halls more.

If we come off of this in the middle of 2nd quarter Weight Deck will the weight sticker cost less?

Want to just send out a reminder that Ramadan is on April 23rd, they are aware that they will probably have to pray in their cells but want to make sure that they will still be able to partake in their fast.

Skeleton crews for CI, everyone really wants to be working full time, don't think it's fair that they are missing out on half of their hours because of this. They say everyone can eat in their work stations to help keep social distancing. Want to know how long the crews are being dropped down and why?

Can we figure out something with the yards that run right after mainline (0900, 1230 and 1800) to make sure that they still run so that everyone does not miss out?

If offenders go on quarantine will they get to go back to their same house when released? Cherry said yes they will be and recommended that they clean thoroughly when they do. Offenders want to know about being provided PPE for cleaning.

The JPay video machine has been blacking out after a couple of visits in multiple units. Told to email CPM Bohon about the issue when I happens.

Does this affect releasing offenders with address approval because of time constraints? Cherry said no.

Will they send in a phone guy to fix all of these broken phones?

Condiments are not being given at mainline now because of the big bottles, is there any way to either get packets of condiments or to bring their own?

Tier Reps would like medical staff to come in and explain the process if there is a suspected case.

Can the offenders donate food and such to help out the communities at this time? Bundy did mention a Diversity Fundraiser that is going to be happening and a percentage of that will go to an as of yet undecided on charity.

COVID-19 Tier Rep Meeting March 24, 2020 10:00

Population represented by Russell (G); Rhem (H2); Boot (H3); Paige-Coulter (H4); Hartfield (H6)

Staff Present: Captain Mainio, Lieutenant Rubalcaba, Plant Manager Matthews, CUS Jolly, CUS Cherry, CUS Grubb, CUS Wakefield, T. Bundy

Everyone received minutes from yesterday.

Asked about showing movies to the facility to keep up morale, told that we need to have special licensing to do that.

Concern that they would like channel 81 switched back to channel 25 because not everyone can get that channel, told to message Associate Superintendent Van Ogle's office.

A lot of staff not coming in right now due to Governor's message yesterday, no IT, no librarian. Go ahead and keep sending information requests to librarian but know that she will be out for at least 2 weeks so it may take a while to answer.

Tried a new HUB movement schedule this morning, did not go so well, will try another one tomorrow. Half the HUB workers did not get breakfast mainline this morning because of new schedule. Captain Mainio talking with Engineering, CI, Food Services and officers that control movement to try to figure out something new. Engineering and CI shops may go to mainline first like we used to do it but will be called by individual shops. Example "Engineering to B Side Dining, Wood Shop to A-Side Dining". Listen to the movements. Will try to get new schedule out today.

A lot of push from multiple persons that we do not need as many workers out in CI, go to skeleton crews, etc. We are trying to keep as many guys working as we can but we need help with offenders being aware of their Social Distancing and being compliant and respectful. No crowding in lines, no entering spaces in big groups, no congregating.

Most units are doing well with Social Distancing, G Unit was struggling a little yesterday, congregating at the bottom of the stairs, especially during store delivery. Looking at new ways to do store, maybe celling in and calling by cell or name to receive.

Social Distancing is the only thing that will keep this virus from spreading if it does get in here.

We are trying to keep normal operations as much as possible, we need compliance from all units and areas so that we can avoid having to lockdown the dayrooms.

Management is getting a lot of push from outside entities to restrict even more.

There has been a lot more spraying and cleaning in the units, H1 has implemented a more thorough cleaning process on Graveyard.

While cleaning more and more, be mindful of how much cleaner you are using, there is no reason to use an inch thick layer of cleaner to clean one thing, don't waste it. Also don't waste the paper towels and toilet paper. There are 12 facilities and 2 work releases being supplied by the same location and we have to keep mindful of supplies so we do not run out.

Make sure you are policing yourselves on how long you are on the phones, be respectful of others that want to talk to their families also.

No hugging, hand shaking, fist bumping. We know it is a culture change and may take a little time, it is a big change for all of us.

Brought to our attention that the legal mail line is sometimes very long, we will look into ways to eradicate that issue.

Also brought up that some kitchen staff are standing very close to the trays when they are scanning IDs, we will look into that and any ways to create some distance.

Were asked why staff is not wearing masks and there really just aren't enough to go around. Health care staff are having a hard time keeping enough, we definitely do not have enough for everyone here to have a mask at all times. We are going through a check in process every day to try to make sure that staff does not bring COVID-19 into facility.

As most of you probably saw the Governor told Washington residents yesterday to stay in their houses unless they absolutely have to leave to go to work, get groceries or get medicine. If you are able encourage each other to stay in your cells, keep your hands washed and cells cleaned. As Inslee said "stay home, stay healthy"

We will try to get a representative from Medical to tomorrow's meeting to go over the process if there is a suspected COVID case. We are all being extra cautious and addressing any time anyone is showing any symptoms.

Tensions have been rising, share any concerns you may have and any ideas to help limit tension from units. Have patience as much as possible, we are also trying to keep staff tensions down.

Next Tier Rep meeting tomorrow, Wednesday March 25, at 1000. One tier rep from each unit.

Meeting ended at 1040.

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COVID-19 Tier Rep Meeting

March 27, 2020

1000

Population represented by: Betancourt (H6), White (H1), Boot (H3), Packer (CI), Greer (G), Paige-Coulter (H4), Rhem (H2), Nelson (H5)

Staff Present: Captain Mainio, CUS Mizin, T. Bundy, CUS Grubb, CUS Cherry

Offenders were asking if we heard back from Headquarters about using some of their savings to send home to family to assist them during this time. –HQ has said since COVID-19 is a disaster, this will be considered for each inmate, you likely will not be able to send your whole savings account home but that will depend on release date. This only applies to immediate family members (wife, parents, kids)

Movement control officer is looking at Mainline/Rec schedule to make sure that the first units to eat are the first units to Red.

G Unit says that only having 1 hour blocks of recreation is compromising their immune systems. The Captain let Mr. Greer know that the main reason is to keep the different units isolated from each other as much as possible so if COVID does get in, we may have a better chance of containing it.

New procedures allow the quarantined and isolated offenders to leave their cells at night after the dayrooms are closed. Graveyard porters are cleaning everything thoroughly after they use it.

All of the units are having issues with their JPay Video machines, they go black after a few visits as well as some having no sound, freezing and/or glitching constantly. Captain Mainio will email Mr. DeFlitch about this issue.

Offenders working Class II or III jobs would like Headquarters to suspend deductions for the time being.

An officer in H3 refused to fill the soap for the porters, they also need green cleaner. –CUS Grubb checked into this and there is plenty of cleaner in their unit.

Box lunches will start on Sunday, hoping that it will help get everyone to the 1230 movement.

G Unit is part of the pandemic plan, we will be putting multiple offenders there because it is safe to do it.

Why Social Distancing if not airborne? Droplets from coughing and sneezing contain it and it stays on surfaces for a long time which is why we are cleaning so much.

Offenders were originally told that they would be going back to same cell after quarantining was over but with being so full it cannot happen at this time. When this is all over we will do our best to get everyone back where they started.

We have been asking daily to stop chains and transfers but everyone is full. WCC Inpatient Unit had to shut down yesterday because of staffing issues so we got a couple of guys from them also.

G Unit wants to know if all of A pod's ground floor will end up being used for Quarantine and Isolation and if we have enough people in that situation it could definitely happen. Everyone needs to try their best to adapt and work with this.

If someone has questions about religious events please contact the Chaplain, he will be able to give more information on individual religious events.

Offenders would like consistency and for staff to also social distance themselves. They would like us to lead by example and not feel like they're the only ones required to do it.

A lot of CI Workers were laid off, the captain had tried to encourage CI not to but with the lack of work they are receiving and not being able to get supplies in it's hard to keep everyone working.

Library sent out Information Request forms (except H5 has not received them).

Kitchen workers are crowded while they are going to work and leaving plus they are elbow to elbow on the serving line. Mr. Attard is looking at ways to expand the serving line to spread out.

The pass-through window for special diets there is a lot of conversation back and forth and the offenders are concerned about the droplets from people talking landing on their food, even in the best of times.

A couple of units have started going cell to cell to pass out mail, seems to be working pretty well for them.

COVID-19 should not mess with any normal transfers (such as an MI3 guy getting moved to an MI2 and leaving for camp). Headquarters has asked the facilities to limit overrides as much as possible.

G unit would like 2 have the juice they would normally have in the dining halls during lunch in their units because they are missing out on a lot of Vitamin C not getting it.

Fundraiser forms going to units today, Cookie and Milk, a portion of the proceeds will be donated to Coastal Harvest.

Daily Tier Rep Meetings are not mandatory, they only have to come if they have something they need.

Suggestion of putting 6 foot spacing stickers like what is in medical in G Unit outside of the isolation and quarantine cells.

Outside Work Crew is taking about 45 minutes to run through the HUBs and clean rooms, they are moving them through much slower than normal because of Social Distancing issues.

Recreation is working on different tournaments and competitions to try to help keep people busier.

There is currently a Social Distancing Slogan poster competition. After winners are chosen Captain is going to get with Darrell Harris' crew in the paint shop to create a couple of the posters to hang around the facility. Prizes will be given for winning posters.

Trying to stop the bottlenecking in the foyers for movements to Recreation and Mainline, a few different options were discussed, Captain is looking at different ideas.

Tier Rep Questions / Some Answered / Some Yet to be answered

When will visitation open back up?

Is COVID-19 in our facility now? No

Would like to utilize legal phones after hours to call family since half of phones in units are closed.

Would like a phone app put on their JPay players.

Wants a different, faster acting cleaner

Can TV Fees be dropped at this time?

Can movies be played on channel 81 for the population?

Can we get newspapers in the units for those that can't afford them to read? This is for sharing and would not be sanitary.

Please consider reopening EFV's

Can we get more bottles along with cleaner in the units? Spray bottles, rags and workers have been increased.

Can we get partitions for between the phones so all phones can be used? Closed every other phone to accommodate social distancing.

Can staff do daily temperature checks on all offenders?

Will store be closed down? No, we will pass out store while enforcing social distancing in the units.

Can indigent individuals be given soap? Can other offenders order more than 2 bars off store at a time? Soap is coming from CI for distribution to incarcerated individuals.

Can we get more activities to keep us busy, maybe game tournaments or something? We are currently looking at any programs we can operate in smaller groups to keep individuals occupied.

Can we get more stamps/logins for JPay per week to help keep in touch? Currently we get 1, maybe we can have 2? Jpay has been adjusted to video visits available from 0700-1530 & 1700-2030 hours. Jpay sign-ins have been expanded to two times a day, but must be a minimum of two hours apart.

Is Trump going to release all of the elderly and immune compromised offenders?

Can we do something about the length of the legal mail line?

Why is staff not wearing masks?

ATTACHMENT 10

GENERAL AFFIDAVIT

COMES NOW, <u>Peter James Carr</u>, resident of <u>corrections center</u>,

County of <u>Grays Harbor</u>, State of <u>Washing to and who</u>

makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

COVID 19, or corona virus, is now a worldwide pandemic and a state of Emergency has been declared in the state of washington. There is no known cure and no vaccine to prevent it. It is spread through the air and/or by surface contact. My name is Peter James Carr Dio. C. # 357/01. I am an inmate being housed at stafford creek corrections center in Aberdeen, wa. by the Department of corrections of the state of wa, I wish to make my concern known that my Eight Amendment right to be free from cruel and unusual punishment is being violated by the Department of corrections of the State of wa. This is because D.D.C. is unable to fulfill 11's custodial duty, to provide me with a sate, habitable, and non-lethal living environment. I am in constant fear for my health, I safety, well-being, and for my life because, by my incorceration, I cannot protect myself from the possible deadly effects of the corona borvirus because I am being contined in close quarters with other infected and contagéous individuals. My incarceration is now

a possible death sentence.

D.D.C. must release me from it's onfinement effective immediately! ...

WITNESS my signature, this the 4th day of April , 20 20

Peter James Carr # 357101 Stafford creek corrections center H967L 191 Constantine way

Signature of Affiant Abardean, wa. 98520

AFFIDAVIT OF	
TITING VII OF	· · · · · · · · · · · · · · · · · · ·
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I, Towy, Petitioner in this action, declare on oath and affirm under penalty of perjury of the laws of the State of Washington that all of the following is true and correct, and is based on my first-hand observations, knowledge, and reasonable conclusions drawn from my first-hand knowledge:

I am over the age of 18, I am of sound mind and discretion, and I am competent to testify. I am a resident of STarFFord creek correction centre. I affirm these facts:

CON; & 19, or corona virus, is a highly contageous And deadly

Virus That is spread Through The air Andler by surface contact.

It is now a full Fledged punidernic And a state of

Emergency has been declared is The state of washington,

There is no cure for it and no Vaccine alternat to prevent

The spread of it, bue to The recent spread of coulding.

The wash noton state Department of Corrections can no
longer provide or guarantee Forme, a safe, habitable
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OF bearing confined in close quarters with other infecte
AND CONTRYOUS; NO; VI DUALS.
my Eighth Amendment Constitutional right to be Free
From cruel AND UNUSUAL punishment is being Violated by
The way ST. dept of corrections because, by my incarceration
I am being put in harms way AND I am IN CONSTANT
Fear For my health, SKFTY, AND For my life.
WASHINGTON STATE DEPARTMENT OF CORRECTIONS CAN NO
longer per Form it's custodial obligations to provide me
with a safe AND habitable living environment because
OF The Covid 19 out break AND, There Fore, MUST
Immediately release me From its Custody.

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I declare under penalty of perjury of the laws of the State of Washington that all of the foregoing is true and correct. Done this _____ day of _______, 2012_oat Aberdeen, WA.

/s/ Tony M.K.:Ng

Print name:

DOC#

Stafford Creek Correction Center, Unit: HB-4-42-0
191 Constantine Way

Aberdeen, Washington 98520

2 American Cruise ships outside Florida. Cruise ships were suppose to all be shut down however Few decided to not take the down fall because it would cost the company too much money and they figured they would be fine. Among this Zaandawn cruise ship now right out side of the state of Florida 4 are dead on that ship, another 200 passengers are severly ill with Flu like symptoms, 8 so far have tested positive for Covid-19 Stafford Creek Corrections Center (Doc) is the cruise ship We are all told though use will not be tested because there is no covid-19 here in Stafford Creek. We will not be tested even if we are symptomatic. Yet stall has been on a roll moving inmates out of Gr-unit A side where 19 cells so far are being used for quateritieen rearly all of those 19 cells have at least one offender in the cell for quarenteen with flu-like symptoms. Staff is unaware that us inmates are aware of the approximate 200 body bags that were sent in in preparation for upcomming possible covid-19 We cannot prove that there is covid-19 here because

staff will not get us inmates tested, continuency of

there story, "There is no cavid-19 here at stafford creek"

Yet 19 cells here in Gr-Unit are for quarenteen due to the Fact the medical unit at this facility is full.

Again all the inmates in these cells have flu-like symptoms.

My opinion; Doc is preparing to keep covid-19 out break in facilities as much of a secret as they can. The immates in these 19 cells have minor symptoms, some a little worst than others but nothing too serouse. It is clear to me that if it becomes too clear that an immate has a covid-19 disease the immate will then go to the medical unit where we will be left in the blue. The body bags that were sent in, I believe Doc it going to also hide the covid-19 deaths from us.

February 291 2020 united states had 89 covid-19 cases only 7 deaths that were all in the state of washington

Today April 1st-2020 only 31 days later united states now have 211,600 cases of Covid-19 with 4,785 deaths

Confirmed by doctors, reporters and even President Trump himself, at least 100,000 - 240,000 deaths are going to be expected, even more.

That is just deaths alone

February 29th 2020 there was only 91,000 cases of covid-19 world wide with under 3,800 Jeaths.

Today April 1st, 2020 only 31 days later there are at least 915,000 covid-19 cases and at least 45,000 deaths. This is all recent, Corona was first discovered on Christmas even, Late 2019 in December exact.

Nearly 100 sailors tested positive abourd an Aircraft carrier Navel ship. The captain wants to dock in guam so sailors can practice social distancing. Which means while the whole country was told and given orders to stay 6 feet apart and stay at home, the sailors figured they didn't need to because they were all ook and out in the middle of the ocean. Some how suddenly 100 sailors got Covid-19.

Doc stafford creek is that ship.

We are so isolated from the world that Doc will not push for us to be tested for those with flu-like symptoms IF one immate tests positive 2 man cells with CoH cells of immates will need to be tested not including staff and people that interacted with daily events and activities, or programming subside that pod around that inmate.

50% of these who fested positive had no symptoms so if people that had no symptoms were able to get tested for covid-19 us inmates that have symptoms should be able to get tested with no issues. The medical unit is full for whatever

reason plus we have 19 in general population that are full of covid-19 symptomatic inmates and still we can't find a way to get corona virus tests.

Washington is not doing a bitch Ass thing for us inmates. No tests, no releases, no extra chaning eyear or equipment, no extra jobs or pay raises for inmates that work in the facility.
The way inmates are being ordered to move around is modified however it is not in an organized fashion.

Things we need.

* Money on our spendable every month

Privalages to be allowed to 20 Art, beading and other selfrecreational activities, (in other words they need to modify the hobbie privelages)

Early releases for shorter term inmates, by nature of their crime and length of their time

Higher inmote pay rate. Right now its 30-36-42 and the most allowed is 65\$ on spendable earned from working. That doesn't help us any if we aren't making that

Corona Virus (covid-19)

Symptoms - Sneezing, coughing, the sniffles, Fever, headachs, itching, body achs, sour throat, cold like symptoms, Flu-like symptoms, shortness of breath

57% of people test positive with no symptoms

However those are obviously light & mild cases, the symptoms. You often experience first is a solt of soar throat, cold-like symptoms.

Stay 6 feel away from people, Covid-19 is 2-3 times more contagious Corona virus Lingers in the air. then the regular flu.

Rumors it came from bats blood from China First infected city was Wuban, China Late 2019

First U.s. state to get Covid-19 was Washington State mid-late Jan. 2020. February 29th 89 cases of Corona Virus with 7 deaths all

deaths located in the state of WA.

Global there was 91,000 eases with 81,000 of that out of China,

the Crobal death toll from Corona was at 3,200
April 2nd, 2020 [32 days Later] 226,300 cases in America with death

toll at 5,300

Collabor was just over a whole 1 Million with 51,487 deaths
America the hardest hit country in the world with # of covid-19 cases

Corona virus has stages almost like stages of cancer, once you get to something called a cytobon Storm which is something to do with the lungs causing a difficulty of breathing, weezing and cough, causes patients

to be put on a ventilater. Its a very deadly stage of the virus and is almost a garenteed death of the patiento CYTOKON STORM
This disease is being compared to the most severe illnesses this world has seen. Along with this also causing economic collapse Yellow Fever - 1793 to 1798 - Spanish Flu-1918 Creat Depression - Early 1930s
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Japan 2,180, 59 Wt. 4,389 case 189 Deaths	
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